VISION & VALUES

Our Vision

Our vision is to be recognized by our community as a major factor in determing and ensuring the quality of life in Island County. We desire to be viewed as a leader in the law enforcement community; an organization that is committed to innovation and positive change in our endeavor to continually improve the quality of our service.

Our Values

We place our greatest value on the sanctity and protection of human life and adherence to constitutional principles as our highest priorities. Therefore we:

(a) Give First priority to situations which threaten life.

(b) Use Force only when necessary.

(c) Treat all persons with courtesy and respect.

(d) Are compassionate and caring.

We value each of our employee's contributions to the effectiveness of our organization and their involvement in decision making.

We value employee opportunities for advancement, specialized training and assignments, and individual growth based on performance and a demonstrated ability to handle additional responsibility.

We value the spirit of professionalism, having clear sense of commitment, perspective, and direction.

We value improvement through technology, creative thinking and planning, efficient and prudent use of budget appropriations and thorough, ongoing evaluations of our people systems.

We value solving public safety problems and concerns in collaboration with the community and our law enforcement partners.

We value the delegation of responsibilty and authority, accompanied by accountability, to the lowest practical level with a proper balance for follow-up and management control.

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CODE OF ETHICS

My fundamental duty is to serve the community; to safeguard lives and property; to protect the innocent against deception, the weak against oppression or intimidation and the peaceful against violence or disorder; and to respect the constitutional rights of all to liberty, equality and justice.

I will keep my private life unsullied as an example to all and will behave in a manner that does not bring discredit to me or to my agency. I will maintain courageous calm in the face of danger, scorn or ridicule; develop self-restraint; and be constantly mindful of the welfare of others. Honest in thought and deed both in my personal and official life, I will be exemplary in obeying the law and the regulations of my department. Whatever I see or hear of a confidential nature or that is confided to me in my official capacity will be kept ever secret unless revelation is necessary in the performance of my duty.

I will never act officiously or permit personal feelings, prejudices, political beliefs, aspirations, animosities or friendships to influence my decisions. With no compromise for crime, I will enforce the law courteously and appropriately without fear or favor, malice or ill will, never employing unnecessary force or violence and never accepting gratuities.

I recognize the badge of my office as a symbol of public faith, and I accept it as a public trust to be held so long as I am true to the ethics of criminal justice service. I will never engage in acts of corruption or bribery, nor will I condone such acts by other officers. I will cooperate with all legally authorized agencies and their representatives in the pursuit of justice.

I know that I alone am responsible for my own standard of professional performance and will take every reasonable opportunity to enhance and improve my level of knowledge and competence.

I will constantly strive to achieve these objectives and ideals, dedicating myself before God to my chosen profession.

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Chapter 1 - Role and Authority

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Authority and Legal Assistance

100.1 PURPOSE AND SCOPE

This policy acknowledges and reflects the legal authority under which the Island County Sheriff's Office shall operate and maintain a local detention facility in this state. In addition to the authority vested by state law, the correctional facility operates in accordance with these laws, constitutional mandates, regulations and local ordinances (RCW 70.48.180 and RCW 70.48.190).

100.2 POLICY

It is the policy of this Office that the local detention facility will be maintained by all lawful means for the incarceration of persons suspected of violating the law or who have been adjudicated as guilty of committing a crime or civil offense by a competent legal authority, as prescribed by law.

100.3 LEGAL FOUNDATION

Correctional Facility staff, at every level must have an understanding and true appreciation of their authority and limitations in the operation of a local detention facility. The Island County Sheriff's Office recognizes and respects the value of all human life and the expectation of dignity without prejudice toward anyone. It is also understood that vesting law enforcement personnel with the authority to incarcerate suspected law violators to protect the public and prevent individuals from fleeing justice requires a careful balancing of individual rights and legitimate government interests.

100.3.1 PEACE OFFICER POWERS

The arrest authority of the Island County Sheriff's Office includes (RCW 10.31.100):

(a) When the peace officer has probable cause to believe that a person has committed or is committing a felony shall have the authority to arrest the person without a warrant.

(b) A peace officer may arrest a person without a warrant for committing a misdemeanor or gross misdemeanor only when the offense is committed in the presence of an officer, except as provided in RCW 10.31.100.

(c) A peace officer may arrest a person in compliance with an arrest warrant.

100.4 LEGAL ASSISTANCE

The following are examples of areas where the services of the County Attorney and legal specialists can be of benefit to the Office:

(a) Analyze and alert the correctional facility executive and management team to correctional facility-related case law.

(b) Serve as a legal consultant in the construction and review of new correctional facility policies and procedures.

(c) Serve as a legal consultant on issues related, but not limited to the following:

1. Use of force
2. Faith-based requests
3. Complaints and grievances

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4. Allegations of abuse by staff
5. Americans with Disabilities Act (ADA) issues, policies and procedures

(d) Serve as legal counsel in legal matters brought against this office and the Sheriff.

100.4.1 LEGAL LIAISON

The Sheriff will designate one or more staff to act as a liaison between the Office and the County Attorney's office. The legal liaison officer will provide an orientation of the facility and detention facility policies to representatives of the County Attorney's office as needed.

The liaison officer will arrange for regularly scheduled meetings in order to provide an ongoing status report of facility issues to the legal counsel. The liaison officer will maintain an open relationship with legal counsel to move quickly on emerging facility issues that could have significant legal implications for the Office.

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Annual Review and Performance-Based Goals and Objectives

101.1 PURPOSE AND SCOPE

The Island County Sheriff's Office is dedicated to the concept of continuous improvement in the services provided on behalf of the public and in accordance with applicable laws, regulations and best practices in the operation of this facility. This policy establishes minimum review criteria to measure and evaluate the success of achieving established goals and objectives.

101.2 POLICY

The Island County Sheriff's Office shall strive to continually improve the operation of its facilities to ensure they are safe, humane and protect inmates' constitutional and statutory rights. To this end the Office shall conduct an annual review to evaluate its progress in meeting stated goals and objectives.

101.3 ANNUAL REVIEW

The custody management team will conduct an annual management review of minimally:

(a) Statutory, regulatory and other requirements applicable to the operation of the facility.

(b) Lawsuits and/or court orders/consent decrees.

(c) Office policies, procedures, directives and post orders that guide the operation of the facility.

(d) Fiscal operations and accounting procedures.

(e) Personnel issues/actions that include, but are not limited to, on-the-job injuries, use of force events, internal affairs investigations, employee grievances, employee discipline, selection and recruitment.

(f) Compliance with internal/external inspections of the facility.

(g) Condition of the physical plant, infrastructure and maintenance efforts.

(h) Cleanliness of the facility.

(i) Inmate profiles and trends that measure:

1. Inmate population (Average Daily Population)
2. Inmate population by gender
3. Highest one-day count
4. Bookings/releases
5. Percentage of male inmates
6. Percentage of female inmates

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7. Felony inmates in custody
8. Misdemeanor inmates in custody
9. Pre-trial population
10. Sentenced population
11. Medical beds
12. Mental health beds
13. Meal counts (regular, medical, court meals)
14. Early releases
15. Alternative-to-incarceration participants
16. Special needs inmates
17. Classification issues
18. Inmate grievances (founded/denied)
19. Demographics (age, race, gang affiliation)
20. Court movement

(j) Security issues that include:

1. Inmate-on-inmate assaults
2. Inmate-on-staff assaults
3. Major disturbances
4. Deaths in custody (natural/suicide/homicide/accidents)
5. Suicide attempts

(k) Inmate programs including:

1. Education
2. Commissary
3. Drug and alcohol programs
4. Faith-based services

101.4 CRITERIA TO MEASURE PERFORMANCE

The following items will be used to measure and evaluate the level of success in achieving the office's stated goals:

(a) Fiscal year budget surpluses or successful operations even with budget reductions

(b) Findings from independent financial audits

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(c) Inmate grievances

(d) Documentation that office investigators have completed the required specialized training in conducting sexual abuse investigations (28 CFR 115.34)

(e) Documented training hours received by staff

(f) Completed audits of the policy and procedures manuals

101.5 MANAGEMENT REVIEW PROCESS

The management team may employ several methods to assess performance, including the following:

(a) **Performance analysis** - Performance analysis attempts to discover discrepancies between the expected and actual levels of performance. This analysis should focus on whether the practices in this facility are meeting the mission of the Office and whether office policies and procedures are in alignment with statutes, regulations and court orders.

(b) **One-to-one interviews** - Scheduled interviews with custody staff held in private to encourage candid responses, to help identify issues or conditions that should be targeted for review or correction.

(c) **Questionnaires** - Questionnaires should be used as a group method to solicit suggestions and information about what operations are in need of adjustment or where program resources should be directed.

(d) **Staff debriefing** - Staff should be periodically debriefed, especially after an emergency operation or incident, to identify aspects of facility operations that may need to be addressed by the Chief Jail Administrator and supervisors.

(e) **Inspection findings** - The Office is subject to a variety of administrative inspections (standard-setting authorities, command staff, grand jury, jail advocates). These annual inspections should be used to identify ongoing issues in the operation of this facility.

101.6 MANAGEMENT REVIEW RESULTS

To the extent reasonably practicable the individuals responsible for the development of a management review should follow the guidelines established in the Administrative Communications Policy and Annual Facility Inspection Policy to document and support the findings. A complete report of the review results should be submitted to the appropriate level in the chain of command for final approval.

The results of management reviews should be used in the ongoing process of continuous improvement. They should be used to direct changes in the operation of this facility or to identify successful operations that might be replicated in other areas of the facility. They should not, however, include specific identifying information of incidents or involved individuals.

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The results of management reviews shall be made available to all personnel and also may be used in full or in part to respond to inquiries from interested groups, such as the local legislative body, courts or others, to provide information on issues concerning the operation of this facility, including action planning whenever appropriate.

101.7 AVAILABILITY OF WRITTEN GOALS AND OBJECTIVES

The Facility Manager should ensure that the written goals and objectives of the office are available to all personnel.

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Custody Manual

102.1 PURPOSE AND SCOPE

The Custody Manual is a statement of the current policies, rules, and guidelines of this office's correctional facility. All prior and existing manuals, orders, and regulations that are in conflict with this manual are revoked, except to the extent that portions of existing manuals, orders, and other regulations that have not been included herein shall remain in effect where they do not conflict with the provisions of this manual.

Except where otherwise expressly stated, the provisions of this manual shall be considered guidelines. It is recognized, however, that work in the custody environment is not always predictable, and circumstances may arise that warrant departure from these guidelines. It is the intent of this manual to be viewed from an objective standard, taking into consideration the sound discretion entrusted to members of this office under the circumstances reasonably known to them at the time of any incident.

102.2 POLICY

The manual of the Island County Sheriff's Office correctional facility is hereby established and shall be referred to as the Custody Manual. All members are to conform to the provisions of this manual.

102.2.1 DISCLAIMER

The provisions contained in the Custody Manual are not intended to create an employment contract nor any employment rights or entitlements. The policies contained within this manual are for the internal use of the Island County Sheriff's Office and shall not be construed to create a higher standard or duty of care for civil or criminal liability against the county, its officials or members. Violations of any provision of any policy contained within this manual shall only form the basis for office administrative action, training or discipline. The Island County Sheriff's Office reserves the right to revise any policy content, in whole or in part.

102.3 RESPONSIBILITIES

The Sheriff shall be considered the ultimate authority for the provisions of this manual and shall continue to issue Interim Directives which shall modify the provisions to which they pertain. Interim Directives shall remain in effect until such time as they may be permanently incorporated into the manual.

The Chief Jail Administrator shall ensure that the Custody Manual is reviewed annually, updated whenever necessary, and staff trained accordingly to ensure that the policies in the manual are current and reflect the mission of the Island County Sheriff's Office. The review shall be documented in written form sufficient to indicate that policies and procedures have been reviewed and amended as appropriate to facility changes (RCW 70.48.071).

102.3.1 COMMAND STAFF

The command staff should consist of the following:

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- Sheriff
- Chief Jail Administrator

102.3.2 OTHER PERSONNEL
Line and supervisory staff have a unique view of how policies and procedures influence the operation of the facility and therefore are expected to bring to the attention of their supervisors issues that might be addressed in a new or revised policy.

All members suggesting revision of the contents of the Custody Manual should forward their suggestions, in writing, through the chain of command, to the Chief Jail Administrator, who will consider the recommendation.

102.4 DEFINITIONS

The following words and terms shall have these assigned meanings, unless it is apparent from the content that they have a different meaning:

Office - The Island County Sheriff's Office.

Custody Manual - The Office Custody Manual.

Corrections officer - An officer certified by the Criminal Justice Training Commission whose primary job function is to provide for the custody, safety, and security of adult persons in jails (RCW 43.101.010).

Employee - Any person employed by the Office.

May - Indicates a permissive, discretionary, or conditional action.

Member - Any person employed or appointed by the Island County Sheriff's Office including:

- Full- and part-time employees.
- Deputies.
- Reserve deputies.
- Non-sworn employees.
- Volunteers.

Deputy - All persons, regardless of rank, who are employees and who are selected and trained in accordance with state law as deputies of the Island County Sheriff's Office.

On-duty employee - Status during the period when they are actually engaged in the performance of their assigned duties.

Order - A written or verbal instruction issued by a superior.

Peace officer (also known as a general authority Washington peace officer) - Any fully compensated and elected, appointed, or employed officer of a general authority Washington law enforcement agency who is commissioned to enforce the criminal laws of the state (RCW 10.93.020).

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Rank - The job classification title held by a deputy.

Shall or will - Indicates a mandatory action.

Should - Indicates a generally required or expected action, absent a rational basis for failing to conform.

102.5 DISTRIBUTION OF MANUAL

Copies of the Custody Manual shall be made available to all members. An electronic version of the Custody Manual will be made available to all members on the office network.

No changes shall be made to the electronic version without authorization from the Chief Jail Administrator.

102.6 MANUAL ACCEPTANCE

As a condition of employment, all members are required to read and obtain necessary clarification of this office’s policies. All members are required to sign a statement of receipt acknowledging that they have received a copy or have been provided access to the Custody Manual.

102.7 REVISIONS TO POLICIES

All members are responsible for keeping abreast of all Custody Manual revisions. All changes to the Custody Manual will be posted on the office network for review prior to implementation. The Training Manager will forward revisions to the Custody Manual as needed to all personnel via electronic mail. Each member shall acknowledge receipt by return email or online acknowledgement, review the revisions and seek clarification as needed.

Each supervisor will ensure that members under his/her command are familiar with and understand all revisions.

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Administrative Communications

103.1 PURPOSE AND SCOPE

Effective communications within the Office are critical to the accomplishment of the mission of the Office and the effective operation of the correctional facility. Administrative communications of this office are governed by the following policy.

103.2 PERSONNEL ORDERS

Personnel orders may be issued periodically by the Sheriff to announce and document all promotions, transfers, hiring of new personnel, separations, personnel and group commendations or other changes in status.

103.3 CORRESPONDENCE

All office correspondence is to be written in a clear, concise manner, consistent with the report formats and guidelines prescribed in this policy and reflecting the highest possible quality in organization, grammar, punctuation and spelling.

All external correspondence shall be on Office letterhead. All Office letterhead, including all digital facsimiles of the letterhead, shall bear the signature element of the Sheriff or the authorized designee. Personnel should use Office letterhead only for official business and with the approval of their supervisors.

103.4 SURVEYS

All surveys made in the name of the Office shall be authorized in advance by the Sheriff, Undersheriff or the Chief Jail Administrator.

103.5 COMPLETED STAFF WORK

All staff reports (e.g., reports assigned to a specific person for the purpose of responding to a problem or issue) shall incorporate the principle of "completed staff work," which requires the person to whom a task has been delegated to complete and document the delegated work to such an extent that the only thing left for the decision-maker to do is to approve or decline to approve the recommendation. Staff reports that only point out weaknesses or merely suggest needed actions are not completed staff work and are not acceptable.

The writer of the staff report should document the efforts made to have the report reviewed by or acted upon by those individuals representing work units or other entities likely to be affected by any proposed changes.

103.6 INTRODUCTORY SUMMARY MEMORANDUMS

Any memorandum that exceeds one page in length should contain a brief introductory summary section synopsizing the subject matter.

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103.7 ADMINISTRATIVE REPORT FORMAT

All staff reports submitted via the chain of command to superior officers for further action should be written in accordance with the following format, when applicable.

Executive Summary Section - The staff report should begin with a brief statement of the problem or issue and what could be done about it. This summary should restate the main points of the report in general, non-technical language, leaving out details. The length of the executive summary section should range from one paragraph to one page.

Problem/Issue Identification Section - This section of a staff report is critical to the success of the reader's ability to grasp the issues involved and to arrive at an informed decision. It should strive to identify the true nature and scope of the problem by identifying the known facts and background of the situation, including who has the problem, how long has it existed and the known or likely consequences of the problem.

Forecast Future Impacts - This section of the report should clearly define the problem and be accompanied by an analysis of relevant factors, supported by specific examples, details or testimony, clarifying what the problem is and why it exists. Generally, the reader should be able to leave this section of the report clearly understanding the issues involved and the consequences of taking no action.

Alternatives Analysis Section - Whenever the seriousness or complexity of a problem warrants the development of alternative solutions, a staff report should include a section containing a discussion of different courses of action and their consequences, taking into account the comments and positions of other staff members or entities affected by an Office response to the problem.

103.8 POLICY

The Island County Sheriff's Office will appropriately communicate significant events within the organization to its members. Both electronic and non-electronic administrative communications will be professional in appearance and comply with the established letterhead, signature and disclaimer guidelines, as applicable.

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Interim Directive

104.1 PURPOSE AND SCOPE

Interim Directives establish a communication practice that may be used by the Sheriff to make immediate changes to policy and procedure in accordance with and as permitted by statutes, regulations or negotiated contracts. Interim Directives will immediately modify or change and supersede the sections of this manual to which they pertain.

104.2 INTERIM DIRECTIVES PROTOCOL

Interim Directives will be incorporated into the manual as required upon approval of the Sheriff. Interim Directives will modify existing policies or create a new policy as appropriate. The previous policy will be rescinded upon incorporation of the new or updated policy into the manual.

Any Interim Directive issued after publication of the manual should be numbered consecutively, starting with the last two digits of the year, followed by the number “01” as in yy-01.

104.3 RESPONSIBILITIES

104.3.1 SHERIFF

The Sheriff, with the assistance of office staff, shall issue and be responsible for all Interim Directives, including their publication and dissemination throughout the Office.

104.3.2 MANAGERS AND SUPERVISORS

Managers and supervisors are responsible for ensuring that staff under their command receive training on all new Interim Directives.

Training documentation shall be placed into the supervisor's file or the employee's training file.

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Annual Facility Inspection

105.1 PURPOSE AND SCOPE

Annual facility inspections are the collections of data designed to assist administrators, managers and supervisors in the management of the custody facility by means of establishing a systematic inspection and review of its operation. This policy provides guidelines for conducting the annual facility inspection.

105.1.1 POLICY

This office will use a formal annual inspection process of its facility to ensure that practices and operations are in compliance with statutes, regulations, policies and procedures and best practice standards. Inspections will be used to help identify the need for new or revised policies and procedures, administrative needs, funding requirements, evaluation of service providers and changes in laws and regulations.

105.2 CHIEF JAIL ADMINISTRATOR RESPONSIBILITY

The Chief Jail Administrator is responsible for collecting performance indicators and other relevant data to generate and provide an annual inspection of all custody facilities. The Chief Jail Administrator will ensure that inspections are conducted as outlined below for each facility type on an annual basis.

Annual inspections may be used in preparation of inspections by outside entities, such as inspections by a government inspection authority, professional organization or accreditation body. In this case, the local inspection will serve as a pre-inspection review that will prepare the facility for the outside or third-party evaluator.

105.3 INSPECTION AREAS

The annual inspection should include the following areas in the assessment process:

(a) **Pre-assessment briefing** - The pre-assessment briefing should begin with a meeting of the Chief Jail Administrator, key program staff and service providers. The individual conducting the assessment will need to advise key personnel of the areas they will be inspecting so the appropriate materials will be brought up to date and made available to the assessment team.

(b) **Policy review** - A review of all correctional facility policies and procedures should be conducted to ensure that those policies are up to date and accurately reflect the requirements and activities related to the correctional facility operation.

(c) **Record review** - A review of the records that support correctional facility activities, medical records and the facility's financial records should be conducted to ensure that contractual benchmarks are being met and that any discrepancies are documented and reported as part of the assessment report in an effort to mitigate harm from improper access to or release of records.

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(d) **Benchmark review** - A review of the Office stated goals and objectives should be discussed with the Chief Jail Administrator, program managers and other key providers of programs. This will provide the opportunity to identify any areas that require correction, additional resources or that reflect a successful performance that should be acknowledged and possibly replicated.

(e) **On-site inspections** - The assessment team should conduct on-site inspections of the facility to verify that activities in the facility are in alignment with goals and objectives and compliant with policies and procedures. Any discrepancies, as well as exceptional efforts on the part of management and staff, should be reported as a part of the correctional facility assessment. An inspection checklist should be used to guide the inspection process and to ensure consistency. It is important that the correctional facility assessments be viewed as a credible measurement instrument as many issues identified in the assessment may require significant funding.

(f) **Develop an action plan** - After the fact-finding described in the previous sections has been accomplished, notes, records and recommendations should be analyzed and an action plan developed to initiate any needed correction. Documenting successful practices is important to determine if they can be replicated in other areas.

(g) **Reporting** - The results of the inspection should be compiled into a report and should include recommendations and action plans necessary to ensure continuous improvement in the operation and management of the correctional facility system. The completed report and any analysis and documentation required to justify costs, policy revisions or any other administrative requirements should be submitted to the Sheriff.

(h) **Monitor progress** - The Chief Jail Administrator should ensure that approved recommendations are being instituted by the responsible program providers.

105.4 FOCAL POINTS FOR INSPECTIONS

Inspections of facilities used for detaining persons pending arraignment, held during trial and held upon a lawful court commitment should include inspection of the policies, procedures and performance by management and staff to ensure compliance and timely updates. Inspections should include, but not be limited to, the following inspection points:

- Staff training
- Number of personnel
- Policy and procedures manual
- Fire suppression pre-planning
- Incident reports
- Death in-custody
- Documented suicide attempts

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Annual Facility Inspection

- Classification plan
- Reception and booking
- Communicable disease prevention plan
- Inmates with mental disorders
- Administrative segregation
- Developmentally disabled inmates
- Use of force and restraint devices
- Contraband control
- Perimeter security
- Searches (area and personal)
- Access to telephones
- Access to courts and counsel
- Inmate visiting
- Inmate mail
- Religious access
- Health care services
- Intake medical screening
- Vermin control
- Detoxification treatment
- Suicide prevention program
- First-aid kit
- Meals, frequency of serving
- Minimum diet
- Food service plan
- Food serving and supervision
- Facility sanitation, safety, maintenance
- Tools, key and lock control
- Use of safety and sobering cells
- Plan for inmate discipline including rules and disciplinary penalties, forms of discipline, limitations on discipline and disciplinary records

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- Standard bedding and linen use
- Mattresses

105.4.1 MINORS IN CUSTODY

Juveniles will not be held in the Island County Corrections Facility. They will be held in the Island County Juvenile Detention Center

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Special Assignments and Promotions

106.1 PURPOSE AND SCOPE

The purpose of this policy is to establish guidelines for promotions and for making special assignments within the Island County Sheriff's Office.

106.2 DEPUTY SPECIALIZED ASSIGNMENTS

Placement into or removal from the following assignments shall not be considered a promotion or a demotion:

(a) Corrections special enforcement team member
    1. Special/Emergency Response Team (SERT or ERT)
    2. Crisis Negotiation Team (CNT)
    3. Electronic Home Monitoring (EHD)

(a) Investigators
    1. Prison Rape Elimination Act Investigator (PREA Investigator

(b) Correctional FacilityIsl Intelligence
    1. Gang Intelligence

(c) Training Officer
    (a) Training Manager
    (b) Field Training Officer (FTO)
    (c) Defensive Tactics Instructor
    (d) Armorer/Firearms/Control Devices Instructor

(d) Administrative Services
    1. Prison Rape Elimination Act Administration Liaison

106.2.1 GENERAL REQUIREMENTS

The following requirements should be considered when selecting a candidate for a special assignment:

(a) Three years of relevant experience

(b) Off probation

(c) Possession of or ability to obtain any certification required by the Washington State Criminal Justice Training Commission or law

(d) Exceptional skills, experience, or abilities related to the special assignment

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106.2.2 EVALUATION CRITERIA

The following criteria will be used in evaluating candidates for a special assignment:

(a) Presents a professional, neat appearance.

(b) Maintains a physical condition that aids in his/her job performance.

(c) Expresses an interest in the assignment.

(d) Demonstrates the following traits:

1. Emotional stability and maturity.
2. Stress tolerance.
3. Sound ethical judgment and decision-making.
4. Personal integrity and ethical conduct.
5. Leadership skills.
6. Initiative.
7. Adaptability and flexibility.
8. Ability to conform to office goals and objectives in a positive manner.

106.2.3 SELECTION PROCESS

The selection process for special assignments will include an administrative evaluation as determined by the Sheriff to include:

(a) Supervisor recommendations - Each supervisor who has supervised or otherwise been involved with the candidate will submit a recommendation.

1. The supervisor recommendations will be submitted to the Division Chief for whom the candidate will work.

(b) Division Chief interview - The Division Chief will schedule interviews with each candidate.

1. Based on supervisor recommendations and those of the Division Chief after the interview, the Division Chief will submit his/her recommendations to the Sheriff.

(c) Assignment by the Sheriff.

The selection process for all special assignment positions may be waived for temporary assignments, emergency situations, training, and at the discretion of the Sheriff.

106.2.4 DISQUALIFICATION

The Island County Sheriff's Office shall not promote, assign, or transfer any member to a position that may allow contact with inmates if the member has (28 CFR 115.17):

(a) Engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution as defined in 42 USC § 1997.

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(b) Been convicted of engaging in or attempting to engage in sexual activity facilitated by force, by overt or implied threats of force, or by coercion, or if the victim did not consent or was unable to consent or refuse.

(c) Been civilly or administratively adjudicated to have engaged in the activity described in paragraph (b) of this section.

Employees who may have contact with inmates shall disclose any conduct described above in written applications or interviews for promotion or special assignment.

106.3 PROMOTIONAL REQUIREMENTS

Requirements and information regarding any promotional process are available at the Island Department of Human Resources.

106.4 POLICY

The Island County Sheriff's Office determines assignments and promotions in a nondiscriminatory manner based upon job-related factors and candidate skills and qualifications. Assignments and promotions are made by the Sheriff.

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Standards of Conduct

107.1 PURPOSE AND SCOPE

This policy establishes standards of conduct that are consistent with the values and mission of the Island County Sheriff's Office and are expected of all office members. The standards contained in this policy are not intended to be an exhaustive list of requirements and prohibitions, but they do identify many of the important matters concerning conduct. In addition to the provisions of this policy, members are subject to all other provisions contained in this manual, as well as any additional guidance on conduct that may be disseminated by this office or a member's supervisors.

107.2 POLICY

The continued employment or appointment of every member of this office shall be based on conduct that reasonably conforms to the guidelines set forth herein. Failure to meet the guidelines set forth in this policy, whether on- or off-duty, may be cause for disciplinary action.

107.3 RESIGNATIONS/RETIREMENTS PRIOR TO DISCIPLINE

In the event that an employee tenders a written retirement or resignation prior to the imposition of discipline, it shall be noted in the file.

The tender of a retirement or resignation by itself shall not serve as grounds for the termination of pending discipline.

107.4 DIRECTIVES AND ORDERS

Members shall comply with lawful directives and orders from any office supervisor or person in a position of authority, absent a reasonable and bona fide justification.

107.4.1 UNLAWFUL OR CONFLICTING ORDERS

Supervisors shall not knowingly issue orders or directives that, if carried out, would result in a violation of any law or office policy. Supervisors should not issue orders that conflict with any previous order without making reasonable clarification that the new order is intended to countermand the earlier order.

No member is required to obey any order that appears to be in direct conflict with any federal law, state law or local ordinance. Following a known unlawful order is not a defense and does not relieve the member from criminal or civil prosecution or administrative discipline. If the legality of an order is in doubt, the affected member shall ask the issuing supervisor to clarify the order or shall confer with a higher authority. The responsibility for refusal to obey rests with the member, who shall subsequently be required to justify the refusal.

Unless it would jeopardize the safety of any individual, members who are presented with a lawful order that is in conflict with a previous lawful order, office policy or other directive shall respectfully inform the issuing supervisor of the conflict. The issuing supervisor is responsible for either resolving the conflict or clarifying that the lawful order is intended to countermand the previous lawful order or directive, in which case the member is obliged to comply. Members who

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are compelled to follow a conflicting lawful order after having given the issuing supervisor the opportunity to correct the conflict, will not be held accountable for disobedience of the lawful order or directive that was initially issued.

The person countermanding the original order shall notify, in writing, the person issuing the original order, indicating the action taken and the reason.

107.4.2 SUPERVISOR RESPONSIBILITIES

Supervisors and managers are required to follow all policies and procedures and may be subject to discipline for:

(a) Failure to be reasonably aware of the performance of their subordinates or to provide appropriate guidance and control.

(b) Failure to promptly and fully report any known misconduct of a member to his/her immediate supervisor or to document such misconduct appropriately or as required by policy.

(c) Directing a subordinate to violate a policy or directive, acquiesce to such a violation, or are indifferent to any such violation by a subordinate.

(d) The unequal or disparate exercise of authority on the part of a supervisor toward any member for malicious or other improper purpose.

107.5 GENERAL STANDARDS

Members shall conduct themselves, whether on- or off-duty, in accordance with the United States and Washington constitutions and all applicable laws, ordinances, and rules enacted or established pursuant to legal authority.

Members shall familiarize themselves with policies and procedures and are responsible for compliance with each. Members should seek clarification and guidance from supervisors in the event of any perceived ambiguity or uncertainty.

Discipline may be initiated for any good cause. It is not mandatory that a specific policy or rule violation be cited to sustain discipline. This policy is not intended to cover every possible type of misconduct.

107.5.1 PRISON RAPE ELIMINATION ACT DISCLOSURE

Members have a continuing affirmative duty to notify the Chief Jail Administrator in writing if they have (28 CFR 115.17):

(a) Engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution as defined in 42 USC § 1997.

(b) Been convicted for an offense involving engaging in or attempting to engage in sexual activity facilitated by force, by overt or implied threats of force, or by coercion, or if the victim did not consent or was unable to consent or refuse.

(c) Been the subject of any civil or administrative adjudication finding that the member engaged in sexual activity facilitated by force, by overt or implied threats of force, or by coercion, or if the victim did not consent or was unable to consent or refuse.

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107.6 CAUSES FOR DISCIPLINE

The following are illustrative of causes for disciplinary action. This list is not intended to cover every possible type of misconduct and does not preclude the recommendation of disciplinary action for violation of other rules, standards, ethics and specific action or inaction that is detrimental to efficient office service.

107.6.1 LAWS, RULES, AND ORDERS

(a) Violation of, or ordering or instructing a subordinate to violate, any policy, procedure, rule, order, directive, or requirement, or failure to follow instructions contained in office or county manuals.

(b) Disobedience of any legal directive or order issued by any office member of a higher rank.

(c) Violation of federal, state, local, or administrative laws, rules, or regulations.

107.6.2 ETHICS

(a) Using or disclosing one’s status as a member of the Island County Sheriff's Office in any way that could reasonably be perceived as an attempt to gain influence or authority for non-office business or activity.

(b) The wrongful or unlawful exercise of authority on the part of any member for malicious purpose, personal gain, willful deceit or any other improper purpose.

(c) The receipt or acceptance of a reward, fee or gift from any person for service incident to the performance of the member's duties (lawful subpoena fees and authorized work permits excepted).

(d) Acceptance of fees, gifts or money contrary to the rules of this office and/or laws of the state.

(e) Offer or acceptance of a bribe or gratuity.

(f) Misappropriation or misuse of public funds, property, personnel or services.

(g) Any other failure to abide by the standards of ethical conduct.

107.6.3 DISCRIMINATION, OPPRESSION, OR FAVORITISM

Unless required by law or policy, discriminating against, oppressing, or providing favoritism to any person because of actual or perceived characteristics such as race, ethnicity, national origin, religion, sex, sexual orientation, gender identity or expression, age, disability, economic status, cultural group, veteran status, marital status, and any other classification or status protected by law, or intentionally denying or impeding another in the exercise or enjoyment of any right, privilege, power, or immunity, knowing the conduct is unlawful.

107.6.4 RELATIONSHIPS

(a) Unwelcome solicitation of a personal or sexual relationship while on-duty or through the use of one’s official capacity.

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(b) Engaging in on-duty sexual activity including but not limited to sexual intercourse, excessive displays of public affection, or other sexual contact with other members, volunteers, contractors, or inmates.

(c) Establishing or maintaining an inappropriate personal or financial relationship, as a result of an investigation, with an inmate or with a known victim, witness, suspect, or defendant while a case is being investigated or prosecuted, or as a direct result of any official contact.

(d) Associating with or joining a criminal gang, organized crime, and/or criminal syndicate when the member knows or reasonably should know of the criminal nature of the organization. This includes any organization involved in a definable criminal activity or enterprise, except as specifically directed and authorized by this office.

(e) Associating on a personal, rather than official, basis with persons who demonstrate recurring involvement in serious violations of state or federal laws after the member knows, or reasonably should know of such criminal activities, except as specifically directed and authorized by this office.

107.6.5 ATTENDANCE

(a) Leaving the job to which the member is assigned during duty hours without reasonable excuse and proper permission and approval.

(b) Unexcused or unauthorized absence or tardiness.

(c) Excessive absenteeism or abuse of leave privileges.

(d) Failure to report to work or to the place of assignment at the time specified and fully prepared to perform duties without a reasonable excuse.

107.6.6 UNAUTHORIZED ACCESS, DISCLOSURE, OR USE

(a) Unauthorized and inappropriate intentional release of confidential or protected information, materials, data, forms, or reports obtained as a result of the member’s position with this office.

(b) Disclosing to any unauthorized person any active investigation, inmate, or critical incident information.

(c) The use of any information, photograph, video, or other recording obtained or accessed as a result of employment or appointment to this office for personal or financial gain or without the express authorization of the Sheriff or the authorized designee.

(d) Loaning, selling, allowing unauthorized use, giving away, or appropriating any office property for personal use, personal gain, or any other improper or unauthorized use or purpose.

(e) Using office resources in association with any portion of an independent civil action. These resources include but are not limited to personnel, vehicles, equipment, and non-subpoenaed records.

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107.6.7 EFFICIENCY

(a) Neglect of duty.

(b) Unsatisfactory work performance including, but not limited to, failure, incompetence, inefficiency or delay in performing and/or carrying out proper orders, work assignments or the instructions of supervisors without a reasonable and bona fide excuse.

(c) Concealing, attempting to conceal, removing or destroying defective or incompetent work.

(d) Unauthorized sleeping during on-duty time or assignments.

(e) Failure to notify the Office within 24 hours of any change in residence address or contact numbers.

(f) Failure to notify the Department of Human Resources of changes in relevant personal information (e.g., information associated with benefits determination) in a timely fashion.

107.6.8 PERFORMANCE

(a) Failure to disclose or misrepresenting material facts, or making any false or misleading statement on any application, examination form, or other official document, report, or form, or during the course of any work-related investigation.

(b) The falsification of any work-related records, making misleading entries or statements with the intent to deceive or the willful and unauthorized removal, alteration, destruction, and/or mutilation of any office record, public record, book, paper, or document.

(c) Failure to participate in investigations, or giving false or misleading statements, or misrepresenting or omitting material information to a supervisor or other person in a position of authority, in connection with any investigation or in the reporting of any office-related business.

(d) Being untruthful or knowingly making false, misleading, or malicious statements that are reasonably calculated to harm the reputation, authority, or official standing of this office or its members.

(e) Disparaging remarks or conduct concerning duly constituted authority to the extent that such conduct disrupts the efficiency of this office or subverts the good order, efficiency, and discipline of this office or that would tend to discredit any of its members.

(f) Unlawful gambling or unlawful betting at any time or any place. Legal gambling or betting under any of the following conditions:

1. While on office premises.
2. At any work site, while on-duty or while in uniform, or while using any office equipment or system.
3. Gambling activity undertaken as part of a deputy's official duties and with the express knowledge and permission of a direct supervisor is exempt from this prohibition.

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(g) Improper political activity including:

(a) Unauthorized attendance while on-duty at official legislative or political sessions.

(b) Solicitations, speeches, or distribution of campaign literature for or against any political candidate or position while on-duty or on office property except as expressly authorized by county policy, the collective bargaining agreement, or the Sheriff.

(h) Engaging in political activities during assigned working hours except as expressly authorized by county policy, the collective bargaining agreement, or the Sheriff.

(i) Any act on- or off-duty that brings discredit to this office.

107.6.9 CONDUCT

(a) Failure of any member to promptly and fully report activities on the member's part or the part of any other member where such activities resulted in contact with any other law enforcement agency or that may result in criminal prosecution or discipline under this policy (RCW 10.93.190).

(b) Unreasonable and unwarranted force to a person encountered or a person under arrest.

(c) Exceeding lawful peace officer powers by unreasonable, unlawful, or excessive conduct.

(d) Unauthorized or unlawful fighting, threatening, or attempting to inflict unlawful bodily harm on another.

(e) Engaging in horseplay that reasonably could result in injury or property damage.

(f) Discourteous, disrespectful, or discriminatory treatment of any member of the public or any member of this office or the county.

(g) Use of obscene, indecent, profane, or derogatory language while on-duty or in uniform.

(h) Criminal, dishonest, or disgraceful conduct, whether on- or off-duty, that adversely affects the member’s relationship with this office.

(i) Unauthorized possession of, loss of, or damage to office property or the property of others, or endangering it through carelessness or maliciousness.

(j) Attempted or actual theft of office property; misappropriation or misuse of public funds, property, personnel, or the services or property of others; unauthorized removal or possession of office property or the property of another person.

(k) Activity that is incompatible with a member’s conditions of employment or appointment as established by law or that violates a provision of any collective bargaining agreement, including fraud in securing the appointment or hire.

(l) Initiating any civil action for recovery of any damages or injuries incurred in the course and scope of employment or appointment without first notifying the Sheriff of such action.

(m) Allowing contraband articles, including but not limited to weapons, cellular telephones or other wireless devices, clothing, food, illegal drugs, or tobacco, in any jail facility.

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(n) Receiving from an inmate any articles to deliver outside the facility.

(o) Any other on- or off-duty conduct which any member knows or reasonably should know is unbecoming a member of this office, is contrary to good order, efficiency, or morale, or tends to reflect unfavorably upon this office or its members.

107.6.10 SAFETY

(a) Failure to observe or violating office safety standards or safe working practices.

(b) Failure to maintain current licenses or certifications required for the assignment or position (e.g., driver's license, first aid).

(c) Failure to maintain good physical condition sufficient to adequately and safely perform law enforcement duties.

(d) Unsafe firearm or other dangerous weapon handling, including loading or unloading firearms in an unsafe manner, either on- or off-duty.

(e) Carrying, while on the premises of the workplace, any firearm or other lethal weapon that is not authorized by the member’s appointing authority.

(f) Unsafe or improper driving habits or actions in the course of employment or appointment.

(g) Any personal action contributing to a preventable traffic collision.

(h) Concealing or knowingly failing to report any on-the-job or work-related accident or injury as soon as practicable but within 24 hours.

107.6.11 INTOXICANTS

(a) Reporting for work or being at work while intoxicated or when the member’s ability to perform assigned duties is impaired due to the use of alcohol, medication or drugs, whether legal, prescribed or illegal.

(b) Possession or use of alcohol at any work site or while on-duty, except as authorized in the performance of an official assignment. A member who is authorized to consume alcohol is not permitted to do so to such a degree that it may impair on-duty performance.

(c) Unauthorized possession, use of, or attempting to bring a controlled substance, illegal drug or non-prescribed medication to any work site.

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Discriminatory Harassment

108.1 PURPOSE AND SCOPE

The purpose of this policy is to prevent office members from being subjected to discriminatory harassment, including sexual harassment and retaliation. Nothing in this policy is intended to create a legal or employment right or duty that is not created by law.

108.2 POLICY

The Island County Sheriff's Office is an equal opportunity employer and is committed to creating and maintaining a work environment that is free of all forms of discriminatory harassment, including sexual harassment and retaliation. The Office will not tolerate discrimination against a member in hiring, promotion, discharge, compensation, fringe benefits, and other privileges of employment. The Office will take preventive and corrective action to address any behavior that violates this policy or the rights and privileges it is designed to protect.

The nondiscrimination policies of the Office may be more comprehensive than state or federal law. Conduct that violates this policy may not violate state or federal law but still could subject a member to discipline.

108.3 DISCRIMINATION PROHIBITED

Definitions related to this policy include:

108.3.1 DISCRIMINATION

The Office prohibits all forms of discrimination, including any employment-related action by a member that adversely affects an applicant or member and is based on actual or perceived race, ethnicity, national origin, religion, sex, sexual orientation, gender identity or expression, age, disability, pregnancy, genetic information, veteran status, marital status, and any other classification or status protected by law.

Discriminatory harassment, including sexual harassment, is verbal or physical conduct that demeans or shows hostility or aversion toward an individual based upon that individual’s protected class. It has the effect of interfering with an individual’s work performance or creating a hostile or abusive work environment.

Conduct that may, under certain circumstances, constitute discriminatory harassment can include making derogatory comments; making crude and offensive statements or remarks; making slurs or off-color jokes; stereotyping; engaging in threatening acts; making indecent gestures, pictures, cartoons, posters, or material; making inappropriate physical contact; or using written material or office equipment and/or systems to transmit or receive offensive material, statements, or pictures. Such conduct is contrary to office policy and to a work environment that is free of discrimination.

108.3.2 RETALIATION

Retaliation is treating a person differently or engaging in acts of reprisal or intimidation against the person because the person has engaged in protected activity, filed a charge of discrimination,

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participated in an investigation, or opposed a discriminatory practice. Retaliation will not be tolerated.

108.3.3 SEXUAL HARASSMENT

The Office prohibits all forms of discrimination and discriminatory harassment, including sexual harassment. It is unlawful to harass an applicant or a member because of that person’s sex.

Sexual harassment includes but is not limited to unwelcome sexual advances, requests for sexual favors, or other verbal, visual, or physical conduct of a sexual nature when:

(a) Submission to such conduct is made either explicitly or implicitly as a term or condition of employment, position, or compensation.

(b) Submission to, or rejection of, such conduct is used as the basis for any employment decisions affecting the member.

(c) Such conduct has the purpose or effect of substantially interfering with a member's work performance or creating an intimidating, hostile, or offensive work environment.

108.3.4 ADDITIONAL CONSIDERATIONS

Discrimination and discriminatory harassment do not include actions that are in accordance with established rules, principles, or standards, including:

(a) Acts or omission of acts based solely upon bona fide occupational qualifications under the Equal Employment Opportunity Commission and Washington State Human Rights Commission guidelines.

(b) Bona fide requests or demands by a supervisor that the member improve the member's work quality or output, that the member report to the job site on time, that the member comply with county or office rules or regulations, or any other appropriate work-related communication between supervisor and member.

108.4 RESPONSIBILITIES

This policy applies to all office members, who shall follow the intent of these guidelines in a manner that reflects office policy, professional standards, and the best interest of the Office and its mission.

Members are encouraged to promptly report any discriminatory, retaliatory, or harassing conduct or known violations of this policy to a supervisor. Any member who is not comfortable with reporting violations of this policy to the member's immediate supervisor may bypass the chain of command and make the report to a higher-ranking supervisor or manager. Complaints may also be filed with the Sheriff, the Director of Human Services, or the Citizens.

Any member who believes, in good faith, that the member has been discriminated against, harassed, or subjected to retaliation, or who has observed harassment, discrimination, or retaliation, is encouraged to promptly report such conduct in accordance with the procedures set forth in this policy.

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Supervisors and managers receiving information regarding alleged violations of this policy shall determine if there is any basis for the allegation and shall proceed with a resolution as stated below.

108.4.1 QUESTIONS OR CLARIFICATION

Members with questions regarding what constitutes discrimination, sexual harassment, or retaliation are encouraged to contact a supervisor, a manager, the Sheriff, the Director of Human Services, or the Citizens for further information, direction, or clarification.

108.4.2 SUPERVISOR RESPONSIBILITIES

The responsibilities of supervisors and managers shall include but are not limited to:

(a) Continually monitoring the work environment and striving to ensure that it is free from all types of unlawful discrimination, including harassment or retaliation.

(b) Taking prompt, appropriate action within their work units to avoid and minimize the incidence of any form of discrimination, harassment, or retaliation.

(c) Ensuring that their subordinates understand their responsibilities under this policy.

(d) Ensuring that members who make complaints or who oppose any unlawful employment practices are protected from retaliation and that such matters are kept confidential to the extent possible.

(e) Making a timely determination regarding the substance of any allegation based upon all available facts.

(f) Notifying the Sheriff or the Director of Human Services in writing of the circumstances surrounding any reported allegations or observed acts of discrimination, harassment, or retaliation no later than the next business day.

108.4.3 SUPERVISOR'S ROLE

Supervisors and managers shall be aware of the following:

(a) Behavior of supervisors and managers should represent the values of the Office and professional standards.

(b) False or mistaken accusations of discrimination, harassment, or retaliation can have negative effects on the careers of innocent members.

Nothing in this section shall be construed to prevent supervisors or managers from discharging supervisory or management responsibilities, such as determining duty assignments, evaluating or counseling members, or issuing discipline in a manner that is consistent with established procedures.

108.5 INVESTIGATION OF COMPLAINTS

Various methods of resolution exist. During the pendency of any such investigation, the supervisor of the involved member should take prompt and reasonable steps to mitigate or eliminate any continuing abusive or hostile work environment. It is the policy of the Office that all complaints of

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discrimination, retaliation, or harassment shall be fully documented and promptly and thoroughly investigated.

108.5.1 SUPERVISOR RESOLUTION

Members who believe they are experiencing discrimination, harassment, or retaliation should be encouraged to inform the individual that the behavior is unwelcome, offensive, unprofessional, or inappropriate. However, if the member feels uncomfortable or threatened or has difficulty expressing the member's concern, or if this does not resolve the concern, assistance should be sought from a supervisor or manager who is a rank higher than the alleged transgressor.

108.5.2 FORMAL INVESTIGATION

If the complaint cannot be satisfactorily resolved through the supervisory resolution process, a formal investigation will be conducted.

The person assigned to investigate the complaint will have full authority to investigate all aspects of the complaint. Investigative authority includes access to records and the cooperation of any members involved. No influence will be used to suppress any complaint and no member will be subject to retaliation or reprisal for filing a complaint, encouraging others to file a complaint, or for offering testimony or evidence in an investigation.

Formal investigation of the complaint will be confidential to the extent possible and will include but is not limited to details of the specific incident, frequency and dates of occurrences, and names of any witnesses. Witnesses will be advised regarding the prohibition against retaliation, and that a disciplinary process, up to and including termination, may result if retaliation occurs.

Members who believe they have been discriminated against, harassed, or retaliated against because of their protected status are encouraged to follow the chain of command but may also file a complaint directly with the Sheriff, the Director of Human Services, or the Citizens.

108.5.3 ALTERNATIVE COMPLAINT PROCESS

No provision of this policy shall be construed to prevent any member from seeking legal redress outside the office. Member's who believe that they have been harassed, discriminated against or retaliated against are entitled to bring complaints of employment discrimination to federal, state and/or local agencies responsible for investigating such allegations. Specific time limitations apply to the filing of such charges. Members are advised that proceeding with complaints under the provisions of this policy does not in any way affect those filing requirements.

108.6 DOCUMENTATION OF COMPLAINTS

All complaints or allegations shall be thoroughly documented on the appropriate forms and in a manner designated by the Sheriff. The outcome of all reports shall be:

(a) Approved by the Sheriff, the Citizens, or the Director of Human Services, depending on the ranks of the involved parties.

(b) Maintained in accordance with the office established records retention schedule.

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108.6.1 NOTFICATION OF DISPOSITION
The complainant and/or victim will be notified in writing of the disposition of the investigation and the actions taken to remedy or address the circumstances giving rise to the complaint.

108.7 TRAINING

All new members shall be provided with a copy of this policy as part of their orientation. The policy shall be reviewed with each new member. The member shall certify by signing the prescribed form that the member has been advised of this policy, is aware of and understands its contents, and agrees to abide by its provisions during the member's term with the Office.

All members shall receive annual training on the requirements of this policy and shall certify by signing the prescribed form that they have reviewed the policy, understand its contents, and agree that they will continue to abide by its provisions.

108.8 DOCUMENTATION OF COMPLAINTS

All complaints or allegations should be thoroughly documented on forms and in a manner designated by the Sheriff. All reports shall be:

(a) Reviewed and approved by the Sheriff or the Director of Human Services if more appropriate.

(b) Maintained in accordance with established records retention schedules.

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Grievances

109.1 PURPOSE AND SCOPE

The purpose of this policy is to provide guidelines for the Island County Sheriff's Office grievance system. The grievance system is intended to facilitate communication and to promptly and equitably address employee grievances in the workplace.

109.1.1 GRIEVANCE DEFINED

A grievance is a difference of opinion or dispute regarding the meaning, interpretation, or application of any of the following:

- The employee bargaining agreement (Memorandum of Understanding)
- This Custody Manual
- Office rules and regulations governing personnel practices or working conditions
- Workplace issues that do not amount to misconduct under the Personnel Complaints Policy, such as fraud, waste, abuse of authority, gross mismanagement, or any inappropriate conduct or practices, including violations that may pose a threat to the health, safety, or well-being of members

Specifically outside the category of grievances are complaints related to allegations of discrimination or harassment subject to the Discriminatory Harassment Policy. Also outside the category of grievances are personnel complaints regarding any allegation of misconduct or improper job performance against any office employee that, if true, would constitute a violation of office policy or federal, state, or local law, as set forth in the Personnel Complaints Policy.

109.2 POLICY

It is the policy of this office to provide a just and equitable system for the prompt handling of employee grievances without discrimination, coercion, restraint, or retaliation against any employee who submits or is otherwise involved in a grievance.

109.3 PROCESS

Grievances may be brought by an individual employee or by an employee group representative. Employees may have representation during the grievance process. Except as otherwise required under an employee bargaining agreement, if an employee believes that he/she has a grievance as defined above, that employee shall:

(a) Attempt to resolve the issue through informal discussion with his/her immediate supervisor.

(b) If after a reasonable amount of time, generally seven days, the grievance cannot be settled by the immediate supervisor, the employee may request an interview with the appropriate Chief Jail Administrator.

(c) If a successful resolution is not found with the Chief Jail Administrator, the employee may request a meeting with the Sheriff.

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(d) If the employee and the Sheriff are unable to arrive at a mutual solution, the employee shall proceed as follows:

1. Submit a written statement of the grievance to the Sheriff and provide a copy to the employee's immediate supervisor.
2. Include the following information in the written statement:
    (a) The basis for the grievance (i.e., the facts of the case).
    (b) The allegation of any specific wrongful act and the harm done.
    (c) The specific policies, rules, or regulations at issue.
    (d) The remedy or goal being sought by the grievance.

(e) The supervisor shall provide the employee with a signed acknowledgment of the grievance that shall include the date and time of receipt.

(f) The Sheriff and the Citizens should review the grievance and respond to the employee within 14 calendar days.

1. The response will be in writing, and will affirm or deny the allegations.
2. The response shall include any remedies, if appropriate.
3. The decision of the Sheriff is considered final.

109.4 MEMBER REPRESENTATION

Members may have representation during the grievance process. The member may select any bargaining unit representative or office member as his/her representative.

109.5 GRIEVANCE RECORDS

At the conclusion of the grievance process, all documents pertaining to the process shall be forwarded to the Administration Section for inclusion into a secure file containing all written grievances.

109.6 GRIEVANCE AUDITS

The Training Manager should perform an annual audit of all grievances filed the previous calendar year to evaluate whether any change in policy, procedure, or training may be appropriate to avoid future grievances. The Training Manager should record these findings in a confidential memorandum to the Sheriff without including any identifying information about any individual grievance.

109.7 POLICY OR TRAINING IMPLICATIONS

If an employee who participates in the grievance review process identifies any issue that may warrant an immediate revision to this Custody Manual, a procedural change, or an immediate training need, the employee should promptly notify the Sheriff in the memorandum.

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Personnel Complaints

110.1 PURPOSE AND SCOPE

This policy provides guidelines for the reporting, investigation, and disposition of complaints regarding the conduct of members of the Island County Sheriff's Office. This policy shall not apply to any questioning, counseling, instruction, informal verbal admonishment, or other routine or unplanned contact of a member in the normal course of duty, by a supervisor or any other member, nor shall this policy apply to a criminal investigation.

110.2 POLICY

The Island County Sheriff's Office takes seriously all complaints regarding the service provided by the Office and the conduct of its members.

The Office will accept and address all complaints of misconduct in accordance with this policy and applicable federal, state, and local laws, municipal and county rules, and the requirements of any memorandum of understanding or collective bargaining agreements.

It is also the policy of this office to ensure that the community can report misconduct without concern for reprisal or retaliation.

110.3 PERSONNEL COMPLAINTS

Personnel complaints include any allegation of misconduct or improper job performance that, if true, would constitute a violation of office policy or federal, state, or local law, policy, or rule. Personnel complaints may be generated internally or by the public.

Inquiries about conduct or performance that, if true, would not violate office policy or federal, state, or local law, policy, or rule may be handled informally by a supervisor and shall not be considered a personnel complaint. Such inquiries generally include clarification regarding policy, procedures, or the response to specific incidents by the Office

110.3.1 COMPLAINT CLASSIFICATIONS

Personnel complaints shall be classified in one of the following categories:

Informal - A matter in which the Shift Supervisor is satisfied that appropriate action has been taken by a supervisor of rank greater than the accused member.

Formal - A matter in which a supervisor determines that further action is warranted. Such complaints may be investigated by a supervisor of rank greater than the accused member or referred to the Internal Investigations, depending on the seriousness and complexity of the investigation.

Incomplete - A matter in which the complaining party either refuses to cooperate or becomes unavailable after diligent follow-up investigation. At the discretion of the assigned supervisor or the Internal Investigations, such matters may be further investigated depending on the seriousness of the complaint and the availability of sufficient information.

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110.3.2 SOURCES OF COMPLAINTS

The following applies to the source of complaints:

(a) Individuals from the public may make complaints in any form, including in writing, by email, in person, or by telephone.

(b) Any office member becoming aware of alleged misconduct shall immediately notify a supervisor.

(c) Supervisors shall initiate a complaint based upon observed misconduct or receipt from any source alleging misconduct that, if true, could result in disciplinary action.

(d) Anonymous and third-party complaints should be accepted and investigated to the extent that sufficient information is provided.

(e) Tort claims and lawsuits may generate a personnel complaint.

110.4 AVAILABILITY AND ACCEPTANCE OF COMPLAINTS

110.4.1 COMPLAINT FORMS

Personnel complaint forms will be maintained in a clearly visible location in the public area of the Office facility and be accessible through the office website. Forms may also be available at other county facilities.

Personnel complaint forms in languages other than English may also be provided, as determined necessary or practicable.

110.4.2 ACCEPTANCE

All complaints will be courteously accepted by any office member and promptly given to the appropriate supervisor. Although written complaints are preferred, a complaint may also be filed orally, either in person or by telephone. Such complaints will be directed to a supervisor. If a supervisor is not immediately available to take an oral complaint, the receiving member shall obtain contact information sufficient for the supervisor to contact the complainant. The supervisor, upon contact with the complainant, shall complete and submit a complaint form as appropriate.

Although not required, complainants should be encouraged to file complaints in person so that proper identification, signatures, photographs, or physical evidence may be obtained as necessary.

110.5 DOCUMENTATION

Supervisors shall ensure that all formal and informal complaints are documented on a complaint form. The supervisor shall ensure that the nature of the complaint is defined as clearly as possible.

All complaints and inquiries should also be documented in a log that records and tracks complaints. The log shall include the nature of the complaint and the actions taken to address the complaint. On an annual basis, the Chief Jail Administrator should audit the log and send an audit report to the Sheriff or the authorized designee.

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110.6 ADMINISTRATIVE INVESTIGATIONS

Allegations of misconduct will be administratively investigated as follows.

110.6.1 SUPERVISOR RESPONSIBILITIES

In general, the primary responsibility for the investigation of a personnel complaint shall rest with the member's immediate supervisor, unless the supervisor is the complainant, or the supervisor is the ultimate decision-maker regarding disciplinary action or has any personal involvement regarding the alleged misconduct. The Sheriff or the authorized designee may direct that another supervisor investigate any complaint.

A supervisor who becomes aware of alleged misconduct shall take reasonable steps to prevent aggravation of the situation.

The responsibilities of supervisors include but are not limited to:

(a) Ensuring that upon receiving or initiating any formal complaint, a complaint form is completed.

1. The original complaint form will be directed to the Shift Supervisor of the accused member, via the chain of command, who will take appropriate action and/or determine who will have responsibility for the investigation.
2. In circumstances where the integrity of the investigation could be jeopardized by reducing the complaint to writing or where the confidentiality of a complainant is at issue, a supervisor shall orally report the matter to the member's Chief Jail Administrator or the Sheriff, who will initiate appropriate action.

(b) Responding to all complainants in a courteous and professional manner.

(c) Resolving those personnel complaints that can be resolved immediately.

1. Follow-up contact with the complainant should be made within 24 hours of the Office receiving the complaint.
2. If the matter is resolved and no further action is required, the supervisor will note the resolution on a complaint form and forward the form to the Shift Supervisor.

(d) Ensuring that upon receipt of a complaint involving allegations of a potentially serious nature, the Shift Supervisor and the Sheriff are notified via the chain of command as soon as practicable.

(e) Promptly contacting the Department of Human Resources and the Shift Supervisor for direction regarding the supervisor's role in addressing a complaint that relates to sexual, racial, ethnic, or other forms of prohibited harassment or discrimination.

(f) Forwarding unresolved personnel complaints to the Shift Supervisor, who will determine whether to contact the complainant or assign the complaint for investigation.

(g) Informing the complainant of the investigator’s name and the complaint number within three days after assignment.

(h) Investigating a complaint as follows:

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1. Making reasonable efforts to obtain names, addresses, and telephone numbers of witnesses.
2. When appropriate, ensuring immediate medical attention is provided and photographs of alleged injuries and accessible uninjured areas are taken.

(i) Ensuring that the procedural rights of the accused member are followed.

(j) Ensuring interviews of the complainant are generally conducted during reasonable hours.

110.6.2 ADMINISTRATIVE INVESTIGATION PROCEDURES

Whether conducted by a supervisor or a member of the Internal Investigations, the following applies to employees:

(a) Interviews of an accused employee shall be conducted during reasonable hours and preferably when the employee is on-duty. If the employee is off-duty, he/she shall be compensated.

(b) Unless waived by the employee, interviews of an accused employee shall be at the Island County Sheriff's Office or other reasonable and appropriate place.

(c) No more than two interviewers should ask questions of an accused employee.

(d) Prior to any interview, an employee should be informed of the nature of the investigation.

(e) All interviews should be for a reasonable period and the employee's personal needs should be accommodated.

(f) No employee should be subjected to offensive or threatening language, nor shall any promises, rewards, or other inducements be used to obtain answers.

(g) Any employee refusing to answer questions directly related to the investigation may be ordered to answer questions administratively and may be subject to discipline for failing to do so.

1. An employee should be given an order to answer questions in an administrative investigation that might incriminate the member in a criminal matter only after the member has been given a *Garrity* advisement. Administrative investigators should consider the impact that compelling a statement from the employee may have on any related criminal investigation and should take reasonable steps to avoid creating any foreseeable conflicts between the two related investigations. This may include conferring with the person in charge of the criminal investigation (e.g., discussion of processes, timing, implications.
2. No information or evidence administratively coerced from an employee may be provided to anyone involved in conducting the criminal investigation or to any prosecutor.

(h) The interviewer should record all interviews of employees and witnesses. The employee may also record the interview. If the employee has been previously interviewed, a copy of that recorded interview shall be provided to the employee prior to any subsequent interview.

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(i) All employees subjected to interviews that could result in discipline have the right to have an uninvolved representative present during the interview. However, to maintain the integrity of each individual's statement, involved employees shall not consult or meet with a representative or attorney collectively or in groups prior to being interviewed.

(j) All employees shall provide complete and truthful responses to questions posed during interviews.

(k) No employee may be compelled to submit to a polygraph examination, nor shall any refusal to submit to such examination be mentioned in any investigation.

(l) An employee covered by civil service shall be provided a written statement of all accusations with a duplicate statement filed with the civil service commission (RCW 41.12.090; RCW 41.14.120).

110.6.3 ADMINISTRATIVE INVESTIGATION FORMAT

Formal investigations of personnel complaints shall be thorough, complete, and essentially follow this format:

Introduction - Include the identity of the members, the identity of the assigned investigators, the initial date, and source of the complaint.

Synopsis - Provide a brief summary of the facts giving rise to the investigation.

Summary - List the allegations separately, including applicable policy sections, with a brief summary of the evidence relevant to each allegation. A separate recommended finding should be provided for each allegation.

Evidence - Each allegation should be set forth with the details of the evidence applicable to each allegation provided, including comprehensive summaries of member and witness statements. Other evidence related to each allegation should also be detailed in this section.

Conclusion - A recommendation regarding further action or disposition should be provided.

Exhibits - A separate list of exhibits (e.g., recordings, photos, documents) should be attached to the report.

110.6.4 DISPOSITIONS

Each personnel complaint shall be classified with one of the following dispositions:

Unfounded - When the investigation discloses that the alleged acts did not occur or did not involve office members. Complaints that are determined to be frivolous will fall within the classification of unfounded.

Exonerated - When the investigation discloses that the alleged act occurred but that the act was justified, lawful, and/or proper.

Not sustained - When the investigation discloses that there is insufficient evidence to sustain the complaint or fully exonerate the member.

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Sustained - When the investigation discloses sufficient evidence to establish that the act occurred and that it constituted misconduct.

If an investigation discloses misconduct or improper job performance that was not alleged in the original complaint, the investigator shall take appropriate action with regard to any additional allegations.

110.6.5 COMPLETION OF INVESTIGATIONS

Every investigator or supervisor assigned to investigate a personnel complaint or other alleged misconduct shall proceed with due diligence in an effort to complete the investigation within one year from the date of discovery by an individual authorized to initiate an investigation.

110.6.6 NOTICE TO COMPLAINANT OF INVESTIGATION STATUS

The member conducting the investigation should provide the complainant with periodic updates on the status of the investigation, as appropriate.

110.7 ADMINISTRATIVE SEARCHES

Assigned lockers, storage spaces, and other areas, including desks, offices, and vehicles, may be searched as part of an administrative investigation upon a reasonable suspicion of misconduct.

Such areas may also be searched any time by a supervisor for non-investigative purposes, such as obtaining a needed report, radio, or other document or equipment.

110.8 ADMINISTRATIVE LEAVE

When a complaint of misconduct is of a serious nature, or when circumstances indicate that allowing the accused to continue to work would adversely affect the mission of the Office, the Sheriff or the authorized designee may temporarily assign an accused employee to administrative leave. Any employee placed on administrative leave:

(a) May be required to relinquish any office badge, identification, assigned weapons, and any other office equipment.

(b) Shall be required to continue to comply with all policies and lawful orders of a supervisor.

(c) May be temporarily reassigned to a different shift, generally a normal business-hours shift, during the investigation. The employee may be required to remain available for contact at all times during such shift, and will report as ordered.

110.9 CRIMINAL INVESTIGATION

Where a member is accused of potential criminal conduct, a separate supervisor or investigator shall be assigned to investigate the criminal allegations apart from any administrative investigation. Any separate administrative investigation may parallel a criminal investigation.

The Sheriff shall be notified as soon as practicable when a member is accused of criminal conduct. The Sheriff may request a criminal investigation by an outside law enforcement agency.

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A member accused of criminal conduct shall be provided with all rights afforded to a civilian. The member should not be administratively ordered to provide any information in the criminal investigation.

The Island County Sheriff's Office may release information concerning the arrest or detention of any member, including a deputy, that has not led to a conviction. No disciplinary action should be taken until an independent administrative investigation is conducted.

110.10 POST-ADMINISTRATIVE INVESTIGATION PROCEDURES

Upon completion of a formal investigation, an investigation report should be forwarded to the Sheriff through the chain of command. Each level of command should review the report and include his/her comments in writing before forwarding the report. The Sheriff may accept or modify any classification or recommendation for disciplinary action.

110.10.1 FACILITY MANAGER RESPONSIBILITIES

Upon receipt of any completed personnel investigation, the Chief Jail Administrator of the involved member shall review the entire investigative file, the member's personnel file, and any other relevant materials.

The Chief Jail Administrator may make recommendations regarding the disposition of any allegations and the amount of discipline, if any, to be imposed.

Prior to forwarding recommendations to the Sheriff, the Chief Jail Administrator may return the entire investigation to the assigned investigator or supervisor for further investigation or action.

When forwarding any written recommendation to the Sheriff, the Chief Jail Administrator shall include all relevant materials supporting the recommendation. Actual copies of a member's existing personnel file need not be provided and may be incorporated by reference.

110.10.2 SHERIFF RESPONSIBILITIES

Upon receipt of any written recommendation for disciplinary action, the Sheriff shall review the recommendation and all accompanying materials. The Sheriff may modify any recommendation and/or may return the file to the Chief Jail Administrator for further investigation or action.

Once the Sheriff is satisfied that no further investigation or action is required by staff, the Sheriff shall determine the amount of discipline, if any, that should be imposed. In the event disciplinary action is proposed, the Sheriff shall provide the member with a written notice and the following:

(a) Access to all of the materials considered by the Sheriff in recommending the proposed discipline.

(b) An opportunity to respond orally or in writing to the Sheriff within five days of receiving the notice.

    1. Upon a showing of good cause by the member, the Sheriff may grant a reasonable extension of time for the member to respond.

    2. If the member elects to respond orally, the presentation shall be recorded by the Office. Upon request, the member shall be provided with a copy of the recording.

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Once the member has completed his/her response, or if the member has elected to waive any such response, the Sheriff shall consider all information received in regard to the recommended discipline. The Sheriff shall render a timely written decision to the member and specify the grounds and reasons for discipline and the effective date of the discipline. Once the Sheriff has issued a written decision, the discipline shall become effective.

110.10.3 NOTICE OF FINAL DISPOSITION TO THE COMPLAINANT
The Sheriff or the authorized designee should ensure that the complainant is notified of the disposition (i.e., sustained, not sustained, exonerated, unfounded) of the complaint.

110.11 PRE-DISCIPLINE EMPLOYEE RESPONSE

The pre-discipline process is intended to provide the accused employee with an opportunity to present a written or oral response to the Sheriff after having had an opportunity to review the supporting materials and prior to imposition of any recommended discipline. The employee shall consider the following:

(a) The response is not intended to be an adversarial or formal hearing.

(b) Although the employee may be represented by an uninvolved representative or legal counsel, the response is not designed to accommodate the presentation of testimony or witnesses.

(c) The employee may suggest that further investigation could be conducted or the employee may offer any additional information or mitigating factors for the Sheriff to consider.

(d) In the event that the Sheriff elects to conduct further investigation, the employee shall be provided with the results prior to the imposition of any discipline.

(e) The employee may thereafter have the opportunity to further respond orally or in writing to the Sheriff on the limited issues of information raised in any subsequent materials.

110.12 RESIGNATIONS/RETIREMENTS PRIOR TO DISCIPLINE

In the event that a member tenders a written resignation or notice of retirement prior to the imposition of discipline, it shall be noted in the file. The tender of a resignation or retirement by itself shall not serve as grounds for the termination of any pending investigation or discipline (RCW 43.101.135).

110.13 POST-DISCIPLINE APPEAL RIGHTS

Non-probationary employees have the right to appeal a suspension without pay, punitive transfer, demotion, reduction in pay or step, or termination from employment. The employee has the right to appeal using the procedures established by any collective bargaining agreement, memorandum of understanding, and/or personnel rules.

In the event of punitive action against an employee covered by civil service, the appeal process shall be in compliance with RCW 41.12.090 and RCW 41.14.120.

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110.14 PROBATIONARY EMPLOYEES AND OTHER MEMBERS

At-will and probationary employees and members other than non-probationary employees may be disciplined and/or released from employment without adherence to any of the procedures set out in this policy, and without notice or cause at any time. These individuals are not entitled to any rights under this policy. However, any of these individuals released for misconduct should be afforded an opportunity solely to clear their names through a liberty interest hearing, which shall be limited to a single appearance before the Sheriff or the authorized designee.

In cases where an individual has been absent for more than a week or when additional time to review the individual is considered to be appropriate, the probationary period may be extended at the discretion of the Sheriff.

110.15 RETENTION OF PERSONNEL INVESTIGATION FILES

All personnel complaints shall be maintained in accordance with the established records retention schedule and as described in the Personnel Records Policy.

110.16 NOTIFICATION TO CRIMINAL JUSTICE TRAINING COMMISSION CERTIFICATION BOARD

Upon separation of a peace officer or corrections officer for any reason, the Office shall, within 15 days of the separation, notify the Criminal Justice Training Commission (CJTC) on a personnel action report form provided by the commission. When a resignation or retirement is accepted in lieu of termination, the Office shall include the reasons and rationale in the information provided to CJTC, including the findings from any internal or external investigations into alleged misconduct (RCW 43.101.135).

The Office shall notify CJTC within 15 days of an initial disciplinary decision made by the Office for alleged behavior or conduct by a peace officer or corrections officer that is noncriminal and may result in revocation of certification pursuant to RCW 43.101.105 (RCW 43.101.135).

The Office shall also notify CJTC when a decision has been made to discipline a deputy for failure to intervene or for failure to report an incident of excessive force or any wrongdoing by another peace officer for determination of suspension or revocation of certification (RCW 10.93.190).

The Office shall, upon request of the CJTC, provide such additional documentation or information as the commission deems necessary to determine whether the separation or event provides grounds for suspension or revocation of the peace officer's or corrections officer's certification (RCW 43.101.135).

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Organizational Structure and Responsibility

111.1 PURPOSE AND SCOPE

The organizational structure of the Office is designed to create an efficient means to accomplish its mission and goals and to provide for the best possible service to the public.

111.2 DIVISIONAL RESPONSIBILITY

The Chief Corrections Deputy is responsible for administering and managing the Corrections Section. There are three branches in the Corrections Section.

- Administration Branch
- Medical Service Branch
- Support Services Branch

111.2.1 ADMINISTRATION BRANCH

The Administrative Branch is led by an Administrative Lieutenant whose primary responsibility is to provide general management direction and control for the day-to-day operations of the facility.The lieutenant manages custody operations, which includes investigations, programs, scheduling court, scheduling commitments, offsite inmate appointments, prisons and local transportation.

111.2.2 MEDICAL SERVICES BRANCH

The Medical Branch is led by a Nurse Practitioner (ARNP).The ARNP works closely with a Registered Nurse (RN) or Licensed Practical Nurse (LPN) who conducts inmate medical assessments and sick call.The ARNP's primary responsibility is to provide general management direction and control for the correctional facility's medical office.

111.2.3 SUPPORT SERVICES BRANCH

The Support Branch is overseen by a contracted vendor and led by the Operations Lieutenant whose primary responsiblity is to provide general management direction and control for Support, Facility Infrastructure and Maintenance, Laundry Services, Fleet Services, and Procurement Services. The Operations Lieutenant is responsible for the supervision of Inmate Workers assigned to the kitchen, laundry and janitorial services.

111.3 CHAIN OF COMMAND

The chain of command of the Office begins with the sheriff, to whom all employees of the Office are responsible. To maintain continuity, order, and effectiveness in the Office, a chain of command has been established and should be respected. All staff members should adhere to the chain of command in all official actions. However, nothing shall prohibit a staff member from initiating immediate action outside of the chain of command if it is necessitated by a complaint of discrimination, sexual harassment, gross malfeasance or a violation of the law.

Chain of Command for the Corrections Division:

- ChiefJail Administrator

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- Correctional Lieutenant
- Correctional Sergeant
- On-Shift Lead Deputy

** Lead Deputy for operational decisions absent a shift supervisor

111.4 ABSENCE OF THE CHIEF EXECUTIVE OFFICER

During periods that the Chief Jail Administrator is off site the Lieutenants have delegated authority to manage facility operations and safety concerns. Staff are expected to follow the chain of command during instances that require delegated approvals or administrative notifications. If an instance occurs where the Chief Jail Administrator should be contacted but is not able to be reached, staff will attempt to contact the Chief Criminal Deputy and then Sheriff if necessary.

111.5 JOINT OPERATIONS & WORKING WITH OTHER DIVISIONS/AGENCIES

There may instances where the Corrections Division will be requested to work with other Divisions within the agency or with other outside Law Enforcement Groups for the purpose of public safety. Requests for Corrections Division staff to assist with other Divisions of the Sheriff's Office mission will be routed through the Chief Jail Administrator down the chain of command. During emergent incidents requests can be made to the senior ranking person within the facility for approval.

Outside agency requests will be routed through the Chief Jail Administrator for approval. When appropriate mutual aid agreements or Memo of Understandings should be put in place for the purpose of emergency response and management with other cooperative agencies.

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Awards and Recognition

112.1 POLICY

(a) Fundamentally, law enforcement and corrections service awards publicly recognize and regard extraordinary, exceptionally meritorious, or conspicuously outstanding acts of heroism and other acts which are above and beyond those normally expected. It shall be the policy of this Office to encourage the documentation of acts of exceptional performance involving extraordinary thoroughness, conscientiousness, determination, initiative, or personal risk and bravery by Office team members. These acts represent an opportunity for review and possible award recognition to those qualified individuals by the Office Awards Board. Each report of meritorious service will be considered under the defined policy criteria for an appropriate award

(b) To qualify for any award, the nominee must demonstrate the utilization of proper procedures, as well as professional judgment in accomplishing the act. Nominees that performed such acts in either a reckless manner, without necessary regard to his/her personal safety (as circumstances dictate), or while unnecessarily endangering the safety of another shall not be eligible for award recognition.

112.2 PURPOSE AND SCOPE

Special recognition may be in order whenever an employee performs his/her duties in an exemplary manner. This procedure provides general guidelines for the commending of exceptional employee performance.

112.2.1 DEFINITIONS

Extraordinary: outside of or additional to the ordinary; exceptional, uncommon, remarkable

Meritorious: deserving praise, reward, esteem, etc.; praiseworthy

Exceptional: unusually excellent; superior; extraordinary

Superior: above the average in excellence, merit; of higher grade or quality

112.3 AWARDS BOARD

112.3.1 AWARDS BOARD MEMBERSHIP

A. The Awards Board shall consist of the following members:

1. One Division Chief
2. Two Sergeants - one from Criminal Division, one from Corrections Division
3. One Deputy Sheriff from the Criminal Division
4. One Deputy Sheriff from the Corrections Division
5. One Civilian Employee
6. In the event of a split decision, the Sheriff will serve as the tie breaker.

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112.3.2 AWARDS BOARD DUTIES

A. The Awards Board shall meet as necessary to review and act upon any recommendations received. The board shall review all reports and documentation relative to the nominee's performance during the incident being evaluated. The board may interview any witnesses and/or the nominee in person. There must be 5 members in attendance including a Division Chief to represent an acceptable review quorum.

B. Following review, board members will determine whether the performance of the nominee meets the criteria established for the award. In exercising its judgment, the board may decide to grant a higher award than that recommended in the original nomination. In instances where the recommendation fails to meet the required criteria for a specific award, the board may deny the award, or grant an award more commensurate to the circumstances.

C. A majority of affirmative votes shall be necessary to qualify an individual as an award recipient. If an award is granted, the presiding Chief Deputy will prepare an appropriate awards certificate and a copy will be placed in the nominee's personnel file. If no award is approved, the originator will be notified of the decision by the Awards Board Chairman with appropriate explanation.

112.3.3 DOCUMENTING INDIVIDUAL ACTS TO THE AWARDS BOARD

A. Any recommendations for Office awards shall be made and submitted in writing to the Awards Board The act, deed, or service shall be described clearly, and in sufficient detail to allow the Awards Board to fully understand (precisely) what occurred to justify the award.

B. Immediately following the event, or as soon as is reasonably possible, an Awards Recommendation Report, including all incident reports and statements, shall be prepared and forwarded to the Chief Deputy of the Awards Board.

1. If the candidate for an award is an individual citizen or a citizen group, the report(s) or documentation shall be forwarded to the Chief Deputy of the Awards Board in their original format.

C. If necessary, the originator of the report may be scheduled to appear before the Awards Board to support their recommendation.

D. Approved award recipient(s) who qualify for a medal (e.g. Life Saving Medal, Medal of Valor, etc.), may be awarded the medal as close to the qualifying event as possible. The award recipient(s) may then be presented with a certificate and metal commendation bar at the Annual Awards Ceremony.

Any recommendations for Office awards shall be made and submitted in writing to the Awards Board The act, deed, or service shall be described clearly, and in sufficient detail to allow the Awards Board to fully understand (precisely) what occurred to justify the award.

112.4 AWARD PRESENTATION

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112.4.1 AWARDS PRESENTATION COORDINATION

The Chief Deputy serving on the board will be responsible for coordinating the awards program. These responsibilities shall include, but not be limited to, planning and scheduling award presentations, obtaining the appropriate awards and certificates as directed by the Awards Board, and coordinating the involvement of nominees, citizens, and the news media in award presentation ceremonies.

112.4.2 AWARDS ANNOUNCEMENT AND PRESENTATION

A. Following the Sheriff's review of the Awards Board's recommendations, a document will be published announcing all approved Office awards. These awards will be presented by the Sheriff, or a designee, at a public awards ceremony whenever possible at a time and location specified by the Sheriff.

B. The Sheriff may identify other individuals that may be invited to participate in the ceremony (i.e., County Executive, County Commissioners, etc.).

112.4.3 AWARDS DISPLAYING

A. The wearing of an award shall be at the Deputy's discretion.

B. A deputy, who has earned an award through previous employment with another law enforcement or corrections agency, may display such an award on their uniform after obtaining approval from the Sheriff or his/her designee. Such requests shall be made in writing to a supervisor and shall be forwarded via the chain of command.

112.5 AWARD GUIDELINES

112.5.1 SHERIFF'S CITATION AWARD

The Sheriff's Citation may be conferred upon Office personnel, volunteers, or citizens at the discretion of the Island County Sheriff. No Awards Board approval is required.

A. The recipients of the Sheriff's Citation award will receive:

1. A framed certificate suitably inscribed to recount in some detail the act for which the award is given.

2. A bar that may become a permanent part of the uniform and may be worn on the right side of the shirt or dress blouse, centered ¼" above the name plate.

112.5.2 DISTINGUISHED SERVICE MEDAL

The Distinguished Service Medal may be conferred upon Office personnel who distinguish themselves and further the high traditions of the Sheriff's Office with extraordinary acts of bravery or heroism, above and beyond that normally expected in the line of duty. The nominee must have displayed extreme courage by consciously placing his or her own safety in immediate peril by performing an act considered above and beyond the normal demands of their service.

A. The recipients of the Distinguished Service Medal award will receive:

1. A gold medallion inscribed with the award recipients name and the date of the incident.

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(a) The bar may become a permanent part of the uniform and may be worn on the right side of the shirt or dress blouse, centered ¼" above the name plate.

(b) A metal commendation bar approximately 3/8" x 1"; made of five enamel colored panels with a gold colored boundary.

2. A certificate suitably inscribed to recount in some detail the act for which the award is given.

112.5.3 MERITORIOUS SERVICE MEDAL

The Meritorious Service Medal will be awarded to any member of the Office who, while serving in his/her official capacity, distinguishes themselves by meritorious achievement or meritorious service. The degree of merit need not be unique but must be exceptional and superior. Acts of courage or lifesaving, which do not meet the voluntary risks of life requirements for the Distinguished Service Medal, may be considered for award of the Meritorious Service Medal.

A. The recipient of the Meritorious Service Medal award will receive:

1. A certificate suitably inscribed to recount in some detail the act for which the award is given.

2. A gold medallion inscribed with the recipient's name and date of the incident.

(a) A metal commendation bar approximately 3/8" x 1"; made of five enamel colored panels with a gold colored boundary.

(b) The bar may become a permanent part of the uniform and may be worn on the right side of the shirt or dress blouse centered ¼" above the name plate.

112.5.4 PURPLE HEART

The Purple Heart award may be conferred upon uniformed Office personnel who, while on duty, performing in a law enforcement or corrections capacity, have been killed or seriously wounded. For purposes of this award, a wound is defined as injury to any part of the body from an outside force or agent, sustained while performing law enforcement or corrections functions. A physical lesion is not required, provided the concussion or other form of injury required hospital treatment. In those cases where the serious wound was not inflicted by a deadly or dangerous weapon, the final determination shall be made by the Awards Board. This formal criterion does not automatically qualify an individual for the award.

A. The recipient of the Purple Heart award shall receive:

1. A certificate suitably inscribed to recount in some detail the reason the award was given.

2. A gold medallion with a purple star inscribed with the recipient's name and date of the incident.

3. A bar, purple in color approximately ¼" x 1".

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(a) The bar may become a permanent part of the uniform centered approximately ¼" above the right shirt pocket.

112.5.5 LIFE SAVING MEDAL

The Life Saving Medal may be conferred upon Office Personnel and private citizens who voluntarily distinguish themselves and further the highest traditions of the Sheriff's Office, performed an extraordinary physical act or rendered life saving techniques to aid in the preservation of human life.

A. The recipient of the Life Saving Award shall receive a certificate, suitably inscribed to recount in some detail the reason the award was given.

1. For uniformed personnel, the recipient shall also receive:

(a) A gold medallion inscribed with the recipient's name and date of the incident, and

(b) A metal commendation bar approximately 3/8" x 1 1/2"; made of three enamel-colored panels (colored red, white, and blue) with a gold-colored boundary.

(c) For non-uniformed personnel and private citizens (only), the recipient shall also receive a framed certificate of award.

112.5.6 CITIZEN AWARD OF VALOR

The Award of Valor may be awarded to private citizens who voluntarily distinguish themselves with an extraordinary act of bravery or heroism, performed at the risk of personal injury, above and beyond that which is normally expected. The nominee must have been fully aware of the risk to their personal safety and have acted without putting others in harm's way.

A. The recipient of the Citizen Award of Valor Award shall receive a certificate suitably inscribed to recount in some detail the reason the award was given.

112.5.7 CERTIFICATE OF MERIT

This award may be conferred upon Office personnel for service in the line of duty which required exceptional thoroughness, conscientiousness, determination, and initiative in the performance of a difficult assignment or arrest. The act or achievement must clearly exceed that which is normally required or expected. Service may include but is not limited to most innovative idea, contributing to or exhibiting consistently positive morale, or an outstanding contribution on a collaborative project.

The Certificate of Merit may also be awarded to the following:

A. Individual private citizens whose actions or cooperation with the Office resulted in the apprehension of a subject involved in the commission of a crime, or any other major contribution on the part of a citizen which assists the Office in performing its mission.

B. Organizations which have made substantial contributions to improving law enforcement services, have vitally assisted the Office in furthering its objectives, or have worked in the community to resolve a mutual problem.

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The recipient of the Certificate of Merit shall receive:

A. A certificate suitably inscribed to recount in some detail the act or accomplishment for which the award is given, and

B. A framed certificate of award, and

C. If the recipient is a uniformed employee he/she will also receive a cloth, gold colored star

1. The star may become a permanent part of the uniform and shall be worn on the long sleeve shirt, approximately two inches above the top of the left cuff, or one-half inch above any service bars.

112.6 COMMENDATIONS

Commendations may be conferred upon personnel, volunteers, or civilians who have performed efficient and valuable service to the Office in a specific instance or for an outstanding performance of general duties over an extended period. The recipient of a commendation will receive a citation describing the act(s), deed(s), or service(s) for which they are being commended.

112.7 LETTER OF APPRECIATION

Letters of appreciation may be issued at the discretion of the Sheriff or a designee and are not limited to the formal public awards program.

112.8 RETIREMENT RECOGNITION

A Retirement Plaque/Certificate and/or Retirement Badge will be awarded only when;

A. The employee has completed at least fifteen years of satisfactory service, or;

B. Retirement is due to on-the-job or line-of-duty injury, and;

C. The employee's separation from the Office is under honorable conditions. The award must be approved by the Sheriff.

Each retiring deputy or employee will notify the chain of command of their plan to retire at least 30 days prior to separation. The employee's Chief will submit a written request for the appropriate award to the Sheriff for approval.

Commissioned personnel meeting the criteria for retirement above shall be presented with:

A. An engraved plaque or framed certificate on which is inscribed the employee's name and dates of service.

B. A badge of Office inscribed with the word "Retired."

C. Retired Law Enforcement Credentials

112.8.1 RETIREMENT RECOGNITION EVENTS

Retirement Recognition Events are the responsibility of the employee's immediate supervisor and division commander/manager to coordinate, if requested by the employee.

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Anti-Retaliation

113.1 PURPOSE AND SCOPE

This policy prohibits retaliation against members who identify workplace issues, such as fraud, waste, abuse of authority, gross mismanagement, or any inappropriate conduct or practices, including violations that may pose a threat to the health, safety, or well-being of members.

This policy does not prohibit actions taken for nondiscriminatory or non-retaliatory reasons, such as discipline for cause.

These guidelines are intended to supplement and not limit members' access to other applicable remedies. Nothing in this policy shall diminish the rights or remedies of a member pursuant to any applicable federal law, provision of the U.S. Constitution, state and local law, ordinance, or collective bargaining agreement.

113.2 POLICY

The Island County Sheriff's Office has a zero tolerance for retaliation and is committed to taking reasonable steps to protect from retaliation members who, in good faith, engage in permitted behavior or who report or participate in the reporting or investigation of workplace issues. All complaints of retaliation will be taken seriously and will be promptly and appropriately investigated.

113.3 RETALIATION PROHIBITED

No member may retaliate against any person for engaging in lawful or otherwise permitted behavior; for opposing a practice believed to be unlawful, unethical, discriminatory, or retaliatory; for reporting or making a complaint under this policy; or for participating in any investigation related to a complaint under this or any other policy.

Retaliation includes any adverse action or conduct, including but not limited to:

- Refusing to hire or denying a promotion.
- Extending the probationary period.
- Unjustified reassignment of duties or change of work schedule.
- Real or implied threats or other forms of intimidation to dissuade the reporting of wrongdoing or filing of a complaint, or as a consequence of having reported or participated in protected activity.
- Taking unwarranted disciplinary action.
- Spreading rumors about the person filing the complaint or about the alleged wrongdoing.
- Shunning or unreasonably avoiding a person because the person has engaged in protected activity.

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113.3.1 RETALIATION PROHIBITED FOR INTERVENING OR REPORTING
A deputy shall not be retaliated against in any way for intervening or reporting in good faith any wrongdoing by another law enforcement officer. Wrongdoing means conduct that is contrary to law or office policies (RCW 10.93.190).

113.4 COMPLAINTS OF RETALIATION

Any members who feel they have been retaliated against in violation of this policy should promptly report the matter to any supervisor, any command staff member, the Sheriff, or the county Director of Human Services.

Members shall act in good faith, not engage in unwarranted reporting of trivial or minor deviations or transgressions, and make reasonable efforts to verify facts before making any complaint in order to avoid baseless allegations. Members shall not report or state an intention to report information or an allegation knowing it to be false or with willful or reckless disregard for the truth or falsity of the information, or otherwise act in bad faith.

Investigations are generally more effective when the identity of the reporting member is known, thereby allowing investigators to obtain additional information from the reporting member. However, complaints may be made anonymously. All reasonable efforts shall be made to protect the reporting member’s identity. However, confidential information may be disclosed to the extent required by law or to the degree necessary to conduct an adequate investigation and make a determination regarding a complaint. In some situations, the investigative process may not be complete unless the source of the information and a statement by the member are part of the investigative process.

113.5 SUPERVISOR RESPONSIBILITIES

Supervisors are expected to remain familiar with this policy and ensure that members under their command are aware of its provisions.

The responsibilities of supervisors include but are not limited to:

(a) Ensuring complaints of retaliation are investigated as provided in the Personnel Complaints Policy.

(b) Receiving all complaints in a fair and impartial manner.

(c) Documenting the complaint and any steps taken to resolve the problem.

(d) Acknowledging receipt of the complaint, notifying the Sheriff via the chain of command, and explaining to the member how the complaint will be handled.

(e) Taking appropriate and reasonable steps to mitigate any further violations of this policy.

(f) Monitoring the work environment to ensure that any member making a complaint is not subjected to further retaliation.

(g) Periodic follow-up with the complainant to ensure that retaliation is not continuing.

(h) Not interfering with or denying the right of a member to make any complaint.

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(i) Taking reasonable steps to accommodate requests for assignment or schedule changes made by a member who may be the target of retaliation if it would likely mitigate the potential for further violations of this policy.

113.6 COMMAND STAFF RESPONSIBILITIES

The Sheriff should communicate to all supervisors the prohibition against retaliation.

Command staff shall treat all complaints as serious matters and shall ensure that prompt actions take place, including but not limited to:

(a) Communicating to all members the prohibition against retaliation.

(b) The timely review of complaint investigations.

(c) Remediation of any inappropriate conduct or condition and instituting measures to eliminate or minimize the likelihood of recurrence.

(d) The timely communication of the outcome to the complainant.

113.7 WHISTLE-BLOWING

Washington law protects employees who make good faith reports of improper government actions. Improper government actions include violations of Washington law, abuse of authority, gross waste of funds, and substantial and specific danger to the public health or safety (RCW 42.40.010 et seq.; RCW 49.60.210; RCW 42.41.010 et seq.).

Members who believe they have been the subject of retaliation for engaging in such protected behaviors should promptly report it to a supervisor. Supervisors should refer the complaint to the Internal Investigations for investigation pursuant to the Personnel Complaints Policy.

113.7.1 DISPLAY OF REPORTING PROCEDURES

The office shall display the county policy to employees regarding their rights and the procedures for reporting information of an alleged improper government action. A copy of the policy shall be made available to employees upon request (RCW 42.41.030).

113.8 RECORDS RETENTION AND RELEASE

The Chief Civil Deputy shall ensure that documentation of investigations is maintained in accordance with the established records retention schedules.

113.9 TRAINING

This policy should be reviewed with each new member.

All members should receive periodic refresher training on the requirements of this policy.

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Chapter 2 - Organization and Administration

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Drug- and Alcohol-Free Workplace

200.1 PURPOSE AND SCOPE

The purpose of this policy is to establish clear and uniform guidelines regarding drugs and alcohol in the workplace (41 USC § 8103).

200.2 POLICY

It is the policy of the Island County Sheriff's Office to provide a drug- and alcohol-free workplace for all members.

200.3 GENERAL GUIDELINES

Alcohol and drug use in the workplace or on office time can endanger the health and safety of office members and the public.

Members who have consumed an amount of an alcoholic beverage or taken any medication, or combination thereof, that would tend to adversely affect their mental or physical abilities shall not report for duty. Affected members shall notify the Shift Supervisor or appropriate supervisor as soon as the member is aware that the member will not be able to report to work. If the member is unable to make the notification, every effort should be made to have a representative contact the supervisor in a timely manner. If the member is adversely affected while on-duty, the member shall be immediately removed and released from work (see the Work Restrictions section in this policy).

200.3.1 USE OF MEDICATIONS

Members should not use any medications that will impair their ability to safely and completely perform their duties. Any member who is medically required or has a need to take any such medication shall report that need to the member's immediate supervisor prior to commencing any on-duty status.

200.3.2 USE OF PRESCRIBED MEDICATIONS

Possession of medical marijuana or being under the influence of marijuana on- or off-duty is prohibited and may lead to disciplinary action.

Any member who is required to take any medication with side effects which might impair his/her ability to fully and safely perform all requirements of the position shall report the need for such medication to the immediate supervisor. No member shall be permitted to work or drive office-owned or leased vehicles while taking such potentially impairing medication without a written release from a physician.

200.3.3 MEDICAL CANNABIS

Possession, use, or being under the influence of medical cannabis on-duty is prohibited and may lead to disciplinary action (RCW 69.51A.060).

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200.4 MEMBER RESPONSIBILITIES

Members shall report for work in an appropriate mental and physical condition. Members are prohibited from purchasing, manufacturing, distributing, dispensing, possessing, or using controlled substances or alcohol on office premises or on office time (41 USC § 8103). The lawful possession or use of prescribed medications or over-the-counter remedies is excluded from this prohibition.

Members shall notify a supervisor immediately if they observe behavior or other evidence that they believe demonstrates that a fellow on-duty member is impaired due to drug or alcohol use.

Members are required to notify their immediate supervisors of any criminal drug statute conviction for a violation occurring in the workplace no later than five days after such conviction (41 USC § 8103).

200.5 EMPLOYEE ASSISTANCE PROGRAM

There may be available a voluntary employee assistance program to assist those who wish to seek help for alcohol and drug problems (41 USC § 8103). Insurance coverage that provides treatment for drug and alcohol abuse also may be available. Employees should contact the Department of Human Resources, their insurance providers, or the employee assistance program for additional information. It is the responsibility of each employee to seek assistance before alcohol or drug problems lead to performance problems.

200.6 WORK RESTRICTIONS

If a member informs a supervisor that he/she has consumed any alcohol, drug or medication that could interfere with a safe and efficient job performance, the member may be required to obtain clearance from his/her physician before continuing to work.

If the supervisor reasonably believes, based on objective facts, that a member is impaired by the consumption of alcohol or other drugs, the supervisor shall prevent the member from continuing work and shall ensure that he/she is safely transported away from the Office.

200.7 REQUESTING SCREENING TESTS

A supervisor may request an employee to submit to a screening under any of the following circumstances:

(a) A supervisor reasonably believes, based upon objective facts, that the employee is under the influence of alcohol or drugs that are impairing his/her ability to perform duties safely and efficiently.

(b) The employee discharges a firearm, other than by accident, in the performance of his/her duties.

(c) During the performance of his/her duties, the employee drives a motor vehicle and becomes involved in an incident that results in bodily injury to him/herself or another person or substantial damage to property

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200.7.1 SUPERVISOR RESPOSIBILITY
The supervisor shall prepare a written record documenting the specific facts that led to the decision to request the test, and shall inform the employee in writing of the following:

(a) The test will be given to detect either alcohol or drugs, or both.

(b) The result of the test is not admissible in any criminal proceeding against the employee.

(c) The employee may refuse the test, but refusal may result in dismissal or other disciplinary action.

200.7.2 SCREENING TEST REFUSAL
An employee may be subject to disciplinary action if he/she:

(a) Fails or refuses to submit to a screening test as requested.

(b) After taking a screening test that indicates the presence of a controlled substance, fails to provide proof, within 72 hours after being requested, that he/she took the controlled substance as directed, pursuant to a current and lawful prescription issued in his/her name.

(c) Violates any provisions of this policy.

200.8 COMPLIANCE WITH THE DRUG-FREE WORKPLACE
No later than 30 days following notice of any drug statute conviction for a violation occurring in the workplace involving a member, the Office will take appropriate disciplinary action, up to and including dismissal, and/or requiring the member to satisfactorily participate in a drug abuse assistance or rehabilitation program (41 USC §

8104).

200.9 CONFIDENTIALITY
The Office recognizes the confidentiality and privacy due to members. Disclosure of any information relating to substance abuse treatment, except on a need to-know basis, shall only be with the express written consent of the member involved or pursuant to lawful process.

The written results of any screening tests and all documents generated by the employee assistance program are considered confidential medical records and shall be maintained separately from the employee's other personnel files.

200.10 WORK RESTRICTIONS
If a member informs a supervisor that he/she has consumed any alcohol, drug or medication that could interfere with a safe and efficient job performance, the member may be required to obtain clearance from his/her physician before continuing to work.

If the supervisor reasonably believes, based on objective facts, that a member is impaired by the consumption of alcohol or other drugs, the supervisor shall prevent the member from continuing work and shall ensure that he/she is safely transported away from the Office.

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200.11 SCREENING TESTS

A supervisor may require an employee to submit to a screening under any of the following circumstances:

(a) The supervisor reasonably believes, based upon objective facts, that the employee is under the influence of alcohol or drugs that are impairing the employee's ability to perform duties safely and efficiently.

(b) The employee discharges a firearm in the performance of duties (excluding training or authorized euthanizing of an animal.

(c) The employee discharges a firearm issued by the Office while off-duty, resulting in injury, death, or substantial property damage.

(d) The employee drives a motor vehicle in the performance of duties and becomes involved in an incident that results in bodily injury, death, or substantial damage to property.

200.11.1 SUPERVISOR RESPONSIBILITIES

The supervisor shall prepare a written record documenting the specific facts that led to the decision to require the test, and shall inform the employee in writing of the following:

(a) The test will be given to detect either alcohol or drugs, or both.

(b) The result of the test is not admissible in any criminal proceeding against the employee.

(c) The employee may refuse the test, but refusal may result in dismissal or other disciplinary action.

200.11.2 DISCIPLINE

An employee may be subject to disciplinary action if the employee:

(a) Fails or refuses to submit to a screening test.

(b) After taking a screening test that indicates the presence of a controlled substance, fails to provide proof within 72 hours after being requested that the employee took the controlled substance as directed, pursuant to a current and lawful prescription issued in the employee's name.

200.12 COMPLIANCE WITH THE DRUG-FREE WORKPLACE ACT

No later than 30 days following notice of any drug statute conviction for a violation occurring in the workplace involving a member, the Office will take appropriate disciplinary action, up to and including dismissal, and/or requiring the member to satisfactorily participate in a drug abuse assistance or rehabilitation program (41 USC § 8104).

200.13 CONFIDENTIALITY

The Office recognizes the confidentiality and privacy due its members. Disclosure of any information relating to substance abuse treatment, except on a need-to-know basis, shall only be with the express written consent of the member involved or pursuant to lawful process.

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The written results of any screening tests and all documents generated by the employee assistance program are considered confidential medical records and shall be maintained separately in the member’s confidential medical file in accordance with the Personnel Records Policy.

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Financial Practices

201.1 PURPOSE AND SCOPE

The Jail Administrator shall prepare and present a budget request that ensures an adequate allocation of resources for facility operations and programming for the budget cycle. Budget requests shall be prepared in the manner and detail prescribed by the Commissioners. Service goals and objectives should be delineated in the budget plan.

201.2 POLICY

The Jail Administrator’s responsibilities include assisting the Sheriff with development of a budget plan, submitting the plan to the Commissioners and monitoring the facility’s progress toward meeting its budget objectives throughout the budget cycle.

A fiscal system has been established that accounts for all income and expenditures on an ongoing basis. Methods for collecting, safeguarding and disbursing monies shall comply with established accounting procedures per RCW 36.40.

201.3 BUDGET PLAN

The Jail Administrator will establish a system of annual projection of expenditures for personnel, operating expenses, equipment and capital projects. A record of a historical pattern of expenditures along with a justification for new expenditures should be used as the supporting documentation in the development of the budget plan.

Once completed, the budget plan will be submitted to the Sheriff for review and approval and/or returned for additional development. Once the budget plan has been approved by the Island County Commissioners, the facility may initiate expenditures in accordance with the plan.

201.4 FISCAL ACCOUNTING AND MANAGEMENT OF APPROVED BUDGET

The Board of County Commissioners is responsible for monitoring the facility's progress toward meeting its budget objectives throughout the fiscal year. Data on key performance indicators should be collected and evaluated at regular intervals and reviewed by the Sheriff and the Jail Administrator's budget officials and other policy-makers. Reports should contain at a minimum the following information:

- The budget amount
- The amount expended for the month
- The year-to-date amount expended
- Any outstanding encumbrances
- The cumulative total year-to-date expenditures plus outstanding encumbrances

When the Jail Administrator receives the monthly budget report, he/she should review all of the expenditure accounts for risk indicators, such as:

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- Significant variations in expenditures in an account used consistently, where the amounts charged are expected to vary little, if any, from month to month.
- Expenditures that are significantly beyond the forecasted amounts or whether the year-to-date percentages expended are significantly higher than the percentage of time elapsed.
- Large balances of/or long-term outstanding encumbrances.

Fiscal data collected during the year should be used to formulate a budget for the following year.

201.4.1 PAYMENT REQUESTS FOR STATE INMATES

Any detention facility housing an inmate who is the financial responsibility of the state shall complete the Department of Corrections form noting the identity of the inmate, the type of state responsibility, the method of notification for availability for movement and the number of days for which the state is financially responsible (RCW 70.48.450).

201.5 TRANSFERRING FUNDS AMONG BUDGET CATEGORIES

Unless otherwise specified, the transfer of funds among budget categories may require the approval of the Island County Financial Manager.

201.6 FINANCIAL AUDITS

The Sheriff should ensure that a financial audit of the facility is conducted annually. The audit shall conform to generally accepted auditing standards.

201.6.1 FINANCIAL AUDITS OF THE INMATE WELFARE FUND

An annual financial audit of the Inmate Welfare Fund shall be conducted and shall include the office's budget and any monies placed into the Inmate Welfare Fund. The methods used for collecting, safeguarding and disbursing monies, including inmates' personal funds held by the facility, shall comply with accepted accounting procedures.

201.6.2 POSITION CONTROL

Position control is the process used by the Office to exercise control over the size and cost of its workforce. It ensures that any new, regular employee added to an agency's payroll basis is filling a position that has been approved and budgeted, and that the rate of pay for the position is within the salary range for the job classification in which the position resides (RCW 41.14.140).

This facility is one of the most labor-intensive functions and therefore control of payroll expenditures is a crucial part of managing the facility budget. In order to exercise control of payroll expenditures, the Office will utilize a system of position control as part of its ongoing budget process.

201.7 STAFFING PLAN

The Chief Jail Administrator should maintain an up-to-date staffing plan for the purpose of exercising position control. The staffing plan should include a comprehensive list of all positions in this facility. Each position has a descriptive job title that is associated with a description of

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the position's duties and responsibilities. Each position will have a written job description for all position classifications and post assignments that define responsibilities, duties and qualifications

The Chief Jail Administrator should adhere to the following strategies for the management of position control and personnel costs (RCW 41.14.140):

(a) Ensure that this facility is staffed with the appropriate number and type of staff. The proper allocation and deployment of staff across shifts and functional units is essential. In addition, the availability of the right classification of staff (e.g., custody staff supervising inmates, maintenance staff performing maintenance, food service staff preparing meals) with the appropriate job skills and training enhances efficiency.

(b) Strategically time the filling of newly authorized positions or vacancies in current positions. Strategic timing is important throughout the budget year to create vacancy savings that can be used to address current budget year shortfalls.

(c) Manage the use of overtime carefully. The historical use of overtime should be tracked to make the case for additional staff and/or to provide sufficient funding in an overtime line item. The use of overtime should also be monitored at regular intervals to verify that it is being used within projected levels. All overtime will be approved by a supervisor and properly accounted for on the employee timesheet.

(d) Manage the use of part-time staff. The number of hours worked by part-time staff should be monitored to ensure that part-time employees are not working in excess of what has been authorized (e.g., a part-time employee should be working no more than an average of 20 hours per week).

(e) Establish and maintain procedures to ensure the accuracy and integrity of payroll documentation. Time cards, time sheets and related documentation should reflect actual hours worked. Supervisory approval should be required prior to payment. All staff will complete accurate timesheets and submit them in a timely manner.

(f) Consider the impact of position upgrades on the entire job classification. An upgrade for one position may set the stage for upgrades of similar positions within the same job classification.

(g) Monitor the use of merit increases. Caution should be exercised in granting merit increases as a way of making up for perceived shortfalls in cost-of-living increases. Each merit increase, unless it is a one-time bonus, increases the base pay and has an impact on continuation funding in future budget years.

201.7.1 INSURANCE REQUIREMENTS

The Office shall ensure, by way of office risk managers, the procurement of adequate liability coverage of the correctional facility operations. Coverage shall include, at minimum, workers' compensation, civil liability and the public employee blanket bond in accordance with applicable law.

201.7.2 PERFORMANCE MONITORING

Performance monitoring necessitates the establishment of benchmarks and performance targets. The Board of County Commissioners shall develop budget benchmarks so that actual

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performance output can be compared with these targets to determine whether this facility is meeting the goals and objectives articulated in the budget.

A quarterly monitoring report assessing the effectiveness, efficiency and quality of custody operations will be provided to the Sheriff for the purpose of developing the budget for the following year.

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Supervision of Inmates - Minimum Requirements

202.1 PURPOSE AND SCOPE

The purpose of this policy is to ensure the safety and security of the facility through the application of appropriate staffing levels.

202.2 POLICY

It is the policy of this facility to provide for the safety and security of citizens, staff and inmates through appropriate staffing levels that are sufficient to operate the facility and perform functions related to the safety, security, custody and supervision of inmates. In an effort to protect the dignity and privacy rights of the inmates and to comply with existing case law, at least one member of the same sex of each inmate represented in the population will be on-duty whenever possible.

202.3 SUPERVISION OF INMATES

There should be, at all times, sufficient staff designated to remain in the facility for the supervision and welfare of inmates, to ensure the implementation and operation of all programs and activities and to respond to emergencies when needed. Such staff must not leave the facility while inmates are present and should not be assigned duties that could conflict with the supervision of inmates.

When both male and female inmates are held at this facility, a minimum of one male and one female deputy should be on-duty in the correctional facility whenever possible.

Staff members shall not be placed in positions of responsibility for the supervision and welfare of inmates of the opposite sex in circumstances that can be described as an invasion of privacy or that may be degrading or humiliating to the inmates. Staff used as program resource personnel with inmates should be of the same sex as the inmates when reasonably available. However, at least one staff member of the same sex as the inmates should be on-duty and available to the inmates during all such activities.

To the extent reasonably practicable, inmate bathrooms will contain modesty screens that preserve privacy without creating areas that cannot be properly supervised.

The Chief Jail Administrator or the authorized designee shall be responsible for developing staffing plans to comply with this policy. Records of staff deployment should be maintained in accordance with established records retention schedules.

202.4 SEPARATION OF DUTIES

Maintenance personnel are employed to perform preventive, routine and emergency maintenance functions. Custody staff will not be given physical plant maintenance duties that distract from their primary responsibility of supervising inmates.

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Prohibition on Inmate Control

203.1 PURPOSE AND SCOPE

The purpose of this policy is to define the requirement that staff should at all times exercise control of the inmate population under their supervision and should prevent inmates from controlling other inmates within the facility.

203.2 POLICY

All staff, including support staff, contractors and volunteers should exercise control and supervision of all inmates under their control. It is the policy of this office to prohibit any staff member to implicitly allow, or by dereliction of duty allow, any inmate or group of inmates to exert authority over any other inmate.

203.3 EDUCATION, DRUG OR ALCOHOL PROGRAM ASSISTANTS

Nothing in the policy is intended to restrict the legitimate use of inmates to assist in the instruction of educational or drug and alcohol programs. Any use of inmates in this manner will be expressly authorized by the Chief Jail Administrator in a legally prescribed manner. Any program that uses inmates to assist in legitimate program activities will be closely supervised by facility employees or vocational instructors. Nothing in this section is intended to authorize an inmate program assistant to engage in disciplining other inmates.

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Equipment Inventory and Supplies

204.1 PURPOSE AND SCOPE

This facility must have the materials, supplies and equipment that are necessary to maintain effective and efficient operations. This policy establishes responsibilities and requirements for purchasing, storing and inventory of those items.

204.2 POLICY

The Chief Jail Administrator shall ensure that all correctional facility property and fixed assets are inventoried annually and that all supplies purchased are reconciled with the invoice, in accordance with the limits set by the auditor, prior to payment.

The Correctional Facility maintains a secure storage area for the purpose of storing supplies and equipment. The Chief Jail Administrator shall maintain oversight of the area.

With the exception of medical supplies, which are ordered by the medical staff, the Jail Administrator/Lieutenant is responsible for the purchasing and acquisition of materials and equipment for this facility. Supplies and equipment that are not needed for immediate use should be stored in a secure storage area.

Purchase orders bearing the signature of the Jail Administrator/Lieutenant should be completed and received by maintenance/IT before any supplies or equipment are purchased and distributed to the facility. Any encumbrance to this facility's budget requires review and approval by the Chief Jail Administrator.

The Office Auditor's Office, in conformance with established policies, is responsible for negotiating all other purchases.

204.3 PURCHASING

The Chief Jail Administrator is responsible for managing the purchasing process to ensure that amounts and types of purchases fall within budget parameters. The Chief Jail Administrator must also ensure that this facility's purchasing process complies with applicable laws, regulations and office policies.

With approval of the Chief Jail Administrator small purchases of under $1000 that are a critical need may be procured by way of a voucher or, credit card or having a bill sent to the jail.

Personnel with spending authority should adhere to the following strategies:

(a) Be knowledgeable about the county's requirements and procedures for purchasing goods and services.

(b) Establish a working relationship with Central Services and Maintenance.

(c) Provide the purchasing agent with information describing the types of goods and services required to operate the facility.

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(d) Ensure that staff with spending authority follow procedures that outline the process for submission and approval of purchase requisitions.

(e) Review purchase requisitions to verify the need, urgency and priority.

(f) Monitor service contracts to ensure that this facility is receiving the scope and quality of services specified in the contract.

(g) Regularly monitor expenditures to make certain the purchase of goods and services is charged to the appropriate accounts and within budget limits.

(h) Keep purchase records to maintain the integrity and availability of purchasing documents, including requisitions, purchase orders, receiving reports and invoices.

204.4 EQUIPMENT INVENTORY

The Chief Jail Administrator or authorized designee will conduct an audit on all supplies and equipment annually. All losses will be reported to the Sheriff. The Auditor's Office may also conduct an interim audit on all fixed assets in order to maintain a complete and accurate accounting of equipment and its location.

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Use of Personal Communication/Electronic Devices (PCD)

205.1 PURPOSE AND SCOPE

USE OF PERSONAL COMMUNICATION DEVICES (ICSO LE Manual Policy 702)

The Island County Sheriff's Office allows members to utilize office-issued or funded PCDs and to possess personally owned PCDs in the workplace, subject to certain limitations. Any PCD used while on-duty, or used off-duty in any manner reasonably related to the business of the Office, will be subject to monitoring and inspection consistent with the standards set forth in this policy.

Employees who have been issued a Island County Sheriff's Office owned cellular phone *shall* insure that the device is powered up and carried on the employee's person at all times while on duty. Use of silent/vibrate mode may be appropriate to prevent the device from making sounds at times where it would be detrimental to officer safety or routine business.

Monitoring of Island County Sheriff's Office issued devices while off duty is encouraged, but not required.

Employees who have been issued Island County Sheriff's Office owned cellular phones *shall* set the device up with a voice message similar to: "You have reached Deputy _____ with the Island County Sheriff's Office. If this is an emergency please hang up and dial 911. Please leave a message and I will return your call as soon as possible."

Generally, phones shall not be set up to block calls that are unlisted or private. Short term exceptions may be made to address specific circumstances with approval of a supervisor.

The inappropriate use of a PCD while on-duty may impair officer safety. Additionally, members are advised and cautioned that the use of a personally owned PCD either on-duty or after duty hours for business-related purposes may subject the member and the member’s PCD records to civil or criminal discovery or disclosure under applicable public records laws. To manage these disclosure issues, employees *shall not* use personally owned devices to conduct Island County Sheriff's Office unless no reasonable alternative exists.

Members who have questions regarding the application of this policy or the guidelines contained herein are encouraged to seek clarification from supervisory staff.

205.2 PCD SECURITY

The following security practices will be followed when PCD's are brought into the Jail by staff, contract staff and approved vendors;

- Any PCD brought into the Jail will be password or passcode protected.
- PCD's will be kept under direct control at all times and will not be left out in areas where an inmate has access to them.

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- If staff choose to bring their PCD into the facility they may store it in their assigned locker if they so choose.
- Staff may leave their PCD unattended in Main Control to charge the device.

205.3 FACILITY VISITORS

Any individual who is not designated as an county employee, contractor, approved vendor or official visitor is not approved to bring a PCD into the Jail without approval from the Shift Supervisor. Individuals that are restricted from entering the facility with a device will be directed to secure it in their vehicle or use an available lock box in the lobby.

205.4 SECTION TITLE

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Tool and Culinary Equipment Control

206.1 PURPOSE AND SCOPE

The purpose of this policy is to establish a tightly controlled process for the use of tools and culinary equipment in order to reduce the risk of such items becoming weapons for the inmate population. While there are times that specific inmate workers may need to possess tools or equipment for legitimate daily operations, the possession and use of those tools must be carefully monitored and controlled by staff.

206.2 POLICY

It is the policy of this facility to securely store, inventory, control and monitor the use of tools and culinary equipment to ensure accountability and the secure use of these items.

206.2.1 CUSTODY TOOLS

Tools include all implements that are maintained within the secure perimeter of the facility to complete specific tasks. These tools include, but are not limited to, mops, brooms, dustpans and floor polishers.

All tools, culinary items or medical equipment shall be locked in secure cabinets or storage rooms when not in use. Tools should be inspected regularly for damage or wear and repaired or replaced as necessary.

Any time tools are brought into a secure area where inmates are present, staff supervising the area shall count the number of tools brought in to ensure that the same number of tools are taken out.

Any tool that is used within the secure perimeter of the facility must be closely monitored and controlled by the staff supervising the area so that it cannot be used as a weapon. Inmates who are assigned tasks that require these tools shall be closely supervised.

An inventory of all tools used and stored within the secure perimeter of the facility shall be developed and maintained by the Chief Jail Administrator. Tools will be inventoried by an assigned staff member at least once every 24 hours. The loss of any tool will be immediately reported to the on-duty supervisor, who shall initiate immediate action to locate or account for the missing tool, including:

(a) Detaining and searching any inmate who had access to the tool.

(b) Conducting a thorough search of the immediate area for the missing item.

(c) Initiating a facility-wide search.

The staff member responsible for the supervision of the use of missing tool will prepare and submit a report to the Shift Supervisor documenting the specific tool that is missing and the circumstances of the disappearance. The report will be forwarded to the Chief Jail Administrator. All staff members involved in the search will submit a report to the on-duty supervisor documenting their findings.

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206.2.2 MAINTENANCE OR CONSTRUCTION TOOLS

Maintenance or construction tools are those tools and equipment that are brought into and out of the secure perimeter of the facility by employees or contractors to facilitate repairs or construction of the physical plant. Only the tools and equipment needed specifically for the intended work will be permitted into the facility. All tools and equipment will be inventoried and a list of the tools will be provided to the control booth prior to any tools or equipment being brought inside the secure perimeter.

A staff member will check the tools being brought into this facility against the inventory list. Prior to entering the secure perimeter of the facility, the contractor shall be instructed to maintain personal possession of the tools at all times. When it is necessary to complete a task in an area where inmates are present, the inmates shall be locked down by staff supervising the area.

When the person has finished working in the area, a deputy will ensure that all tools are accounted for. In the event of a discrepancy, the on-duty supervisor shall be immediately notified and appropriate action taken to locate or account for the items. Once all tools have been accounted for, the inmates may be released from lockdown.

206.2.3 EXTERIOR-USE TOOLS

Exterior-use tools are those that are used by inmate workers outside of the secure perimeter. These tools include, but are not limited to, the following:

- Handheld tools
- Power tools
- Landscape maintenance tools
- Farm equipment

Only inmate workers who are classified to work outside the secure perimeter of the facility will be allowed to possess exterior-use tools. The deputy responsible for supervising inmate workers on outside work crews will inventory all tools assigned for this purpose at the beginning of the shift.

Any tool issued to an inmate will be logged with the inmate’s name, the tool type and serial number documented. When an inmate worker is finished with that tool, the responsible staff member shall check the tool against the check-out log and document its return. Inmate workers shall not be permitted to pass tools between each other except under the direct supervision of a deputy.

All tools will be checked-in and noted on the log and returned to the tool storage area at the end of each shift. Inmate workers should not be released from the work assignment until all tools are accounted for.

In the event that an exterior-use tool is missing, the deputy shall immediately notify a supervisor. A thorough search for the tool will be undertaken and an incident report shall be completed. Inmates may only be released from their work assignments when it has been determined that it is safe to do so, and upon the approval of the supervisor. The incident report with all relevant information shall be forwarded to the Chief Jail Administrator.

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206.2.4 KITCHEN EQUIPMENT

Culinary tools are located in the kitchen and include common tools used in the preparation, service and delivery of meals.

All kitchen knives or metal tools with sharp edges shall be stored in a locked cabinet. There shall be an outline of the tool's assigned location in the cabinet so that any tool missing from the cabinet can be easily identified. Knives not stored in the cabinet shall be tethered to the work area. All tools shall be returned to the secure cabinet when not in use.

The duty cook assigned to the kitchen shall inventory all kitchen tools at the beginning of his/her shift and prior to the arrival of inmate workers. Kitchen tools will only be issued to inmates who have been classified as inmate workers. Cooks will monitor inmates at all times when the inmates are using tools.

Each tool issued will be assigned to an individual inmate and logged. The inmate's name and the tool type will be documented. When an inmate worker is finished with a tool, the tool shall be checked in with the cook and documented. Inmate workers shall not be permitted to pass tools between each other except when monitored by a cook.

All tools will be returned to the kitchen tool cabinet at the end of each shift and all tools must be accounted for prior to any inmate worker being released from the work assignment.

In the event that a kitchen tool is missing, the cook shall immediately notify the on-duty supervisor, who shall initiate immediate action to locate or account for the missing tool. A thorough search for the tool will be undertaken and an incident report shall be completed by the deputy responsible for the supervision of the use of the tool. The incident report with all relevant information shall be forwarded to the Chief Jail Administrator.

206.2.5 SERVING AND INDIVIDUAL EATING TOOLS

Individual eating tools are those culinary tools located outside of the kitchen. Only inmate workers who are assigned to serve food shall be in control of serving tools.

In the event that a eating tool is missing, the deputy shall notify a supervisor and a search for the tool shall be initiated.

Eating utensils (forks/spoons/sporks) shall be counted by the deputy supervising the meal service prior to and at the completion of each meal. In the event that a utensil is missing, a supervisor notified. A thorough search of the facility shall be initiated to locate the tool.

206.3 TOOL MAINTENANCE

Tools should be inspected regularly for damage or wear and repaired or replaced as needed.

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Disposition of Evidence

207.1 PURPOSE AND SCOPE

The purpose of this policy is to provide direction regarding the proper handling and disposition of contraband and evidence to ensure that the chain of custody is maintained so that evidence is admissible in a court of law or disciplinary hearing.

207.2 POLICY

It is the policy of the Island County Sheriff's Office to seize evidence and contraband in accordance with current constitutional and search-and-seizure law. Members of this office shall properly handle all contraband and evidence in order to maintain its admissibility. All contraband and evidence shall be handled in a safe manner and in a way that will maintain the chain of custody.

207.3 INITIAL SEIZURE OF EVIDENCE

Any staff member who first comes into possession of any evidence should retain such evidence in his/her possession until it is properly tagged and booked. When handling evidence, staff should observe the following safety precautions:

(a) Unload any firearm located in the approved loading/unloading area outside of the facility. If it is a revolver, the cylinder should be left open. If it is a semi-automatic pistol, the magazine shall be removed and the slide locked back in an open position. The cartridges and/or magazine will be packaged separately and booked with the firearm.

(b) Sheath any knife or other stabbing instrument in its holster (if any), or attach (tape) stiff cardboard to completely cover the blade.

(c) Place needles, such as syringes, into a hard plastic container that cannot be punctured by the needle.

(d) If the contraband is a suspected "home brew" alcoholic beverage, the handling deputy shall place a sample of the liquid in a plastic container that can be safely sealed. The remainder of the liquid will be treated as a biohazard and carefully disposed of as recommended by the environmental health official.

207.4 EVIDENCE BOOKING PROCEDURE

All evidence shall be booked prior to the employee going off-duty unless otherwise approved by a supervisor. Employees booking evidence shall observe the following guidelines:

(a) Complete the evidence/property form describing each item of evidence separately, listing all serial numbers, owner’s name, finder’s name and other identifying information or markings.

(b) Mark each item of evidence with the booking employee’s initials and the date booked using the appropriate method to prevent defacing or damaging the value of the property.

(c) Complete an evidence/property tag and attach it to each bag or envelope in which the evidence is stored.

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(d) Place the case number in the upper right corner of the bag and in the appropriate field of the evidence/property tag.

(e) Submit the original evidence/property form with the case report. A copy shall be placed with the evidence in the temporary property locker or with the property if it is stored somewhere other than a property locker.

(f) When the evidence is too large to be placed in a locker, retain the item in the secure supply room or another area that can be secured from unauthorized entry. Place the completed evidence/property form into a numbered locker indicating the location of the evidence.

207.4.1 NARCOTICS AND DANGEROUS DRUGS

All narcotics and dangerous drugs shall be booked separately using a separate evidence/property form. Paraphernalia shall also be booked separately. All narcotics and dangerous drugs shall be properly weighed by the booking staff member. The weight of all narcotics and dangerous drugs shall be documented on the evidence/property form. A copy of the evidence/property form shall be placed with the evidence in the designated locker and shall also be distributed in accordance with current evidence booking procedures.

207.4.2 EXCEPTIONAL HANDLING

Certain evidence items require a separate process. Bodily fluids, such as blood or semen stains, shall be air-dried prior to booking.

207.4.3 RECORDING OF EVIDENCE OR PROPERTY

The evidence technician receiving custody of evidence or property shall record on the evidence/property control card his/her signature, the date and time the evidence was received, and where it will be stored.

An evidence/property number shall be obtained for each item or group of items. This number shall be recorded on the evidence/property tag and the evidence/property control card.

Any changes in the location of evidence or property held by the Office shall be noted in the evidence/property log book.

207.4.4 EVIDENCE CONTROL

Every time evidence or property is released or received, an appropriate entry on the evidence package and evidence/property control card shall be completed to maintain the chain of custody. No property or evidence is to be released without first receiving written authorization from a supervisor or the employee who is managing the case.

Deputies desiring evidence for court shall contact the evidence technician at least one day prior to the court day.

Request for analysis for items other than narcotics and dangerous drugs shall be completed on the appropriate forms and submitted to the evidence technician. This request may be filled out any time after booking the property or evidence.

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207.4.5 TRANSFER OF EVIDENCE TO CRIME LABORATORY

The transporting employee will check the evidence out of property, indicating the date and time on the evidence/property control card, and complete a request for laboratory analysis.

The evidence technician releasing the evidence must complete the required information on the evidence/property control card. The lab forms will be transported with the evidence to the examining laboratory. Upon delivering the item, the deputy will record the delivery time on both copies and indicate the locker in which the item was placed or the employee to whom it was delivered. The original copy of the lab form will remain with the evidence and the copy will be returned to the Records Section for filing with the case.

207.4.6 STATUS OF EVIDENCE

Each person receiving evidence will make the appropriate entry to document the chain of custody. Temporary release of evidence to a law enforcement authority for investigative purposes or for court shall be noted on the evidence/property control card, stating the date, time, and to whom it was released.

The evidence technician shall obtain the signature of the person to whom the evidence was released and the reason for release. Any employee receiving evidence shall be responsible for such evidence until it is returned to property or released to another authorized person or entity.

The return of the evidence should be recorded on the evidence/property control card, indicating date, time, and the name of the person who returned the evidence.

207.5 RELEASE OR DISPOSITION OF UNCLAIMED FUNDS AND PROPERTY

The employee managing the case or a supervisor shall authorize the disposition or release of all evidence and property coming into the care and custody of the Office.

All reasonable attempts should be made to return unclaimed property, found property, or evidence not needed for an investigation.

Release of property and evidence shall be made upon receipt of an authorized release form. The release authorization shall be signed by the approving staff member and must match the items listed on the evidence/property form or must specify the items to be released. A signature of the person receiving the evidence or property shall be recorded on the original evidence/property form. Upon release, the proper entry shall be documented on the evidence/property control card log and related forms.

The property supervisor shall ensure that all cash not needed as evidence, or funds that are left unclaimed by an inmate, are transferred as soon as practical to the Board of County Commissioners. A record of the transfer shall be kept in the appropriate inmate file.

The property supervisor or the authorized designee shall submit a report of presumed abandoned property or funds once a year to the Sheriff and the Board of County Commissioners, or more frequently as directed. The property supervisor may dispose of property or evidence in compliance with existing laws upon receipt of proper authorization from the Sheriff.

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Disposition of Evidence

The Island County Sheriff's Office shall make every effort to return personal property that is in the possession of this office when such property is not considered evidence of a crime or is no longer needed as evidence. In such cases, the evidence technician shall make a reasonable attempt to identify the lawful owner and provide written notice via U.S. mail within 15 days after the property is authorized to be released.

If the property remains unclaimed beyond 60 days after the initial written notice to the property owner, or, in the case of property held as evidence, 60 days from the date when the case has been finally adjudicated and the property has been released as evidence by order of the court, the Office may (RCW 63.32.010; RCW 63.40.010):

(a) At any time thereafter sell the property at public auction to the highest and best bidder for cash. The disposition of all proceeds from such auctions shall be accounted for and recorded according to law (RCW 63.32.030).

(b) Retain the property for the use of the Office subject to giving notice in the manner prescribed in RCW 63.32.020 or RCW 63.40.020 and the right of the owner, or the owner's legal representative, to reclaim the property within one year after receipt of notice, without compensation for ordinary wear and tear if, in the opinion of the Sheriff, the property consists of firearms or other items specifically usable in law enforcement work, provided that at the end of each calendar year during which there has been such a retention, the Office shall provide the county's elected body and retain for public inspection a list of such retained items and an estimation of each item's replacement value. At the end of the one-year period any unclaimed firearm shall be disposed of pursuant to RCW 9.41.098(2).

(c) Destroy an item of personal property at the discretion of the Sheriff if he/she determines that the following circumstances have occurred:

1. The property has no substantial commercial value, or the probable cost of sale exceeds the value of the property; and
2. The item has been unclaimed by any person after notice procedures have been met, as prescribed in this section; and
3. The Sheriff has determined that the item is unsafe and unable to be made safe for use by any member of the general public.

If the item is not unsafe or illegal to possess or sell, it may, after satisfying the notice requirements as prescribed in RCW 63.32.020, be offered by the Sheriff to bona fide dealers, in trade for law enforcement equipment. Such equipment shall be treated as retained property for purpose of annual listing requirements of the RCW. Such items may be destroyed at the discretion of the Sheriff if he/she believes that it has been used, or may be used in a manner that is illegal (RCW 63.32.010).

If such property is not sold at auction or otherwise lawfully claimed, it may thereafter be destroyed in accordance with applicable laws. The final disposition of all such property shall be fully documented in related reports and on the property control card.

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Disposition of Evidence

The evidence technician shall release the evidence or property upon proper identification presented by the owner for which an authorized release has been received. A signature of the person receiving the property shall be recorded on the original evidence/property form. Upon release, the proper entry shall be documented in the evidence/property log.

After release of all property or evidence listed on the evidence/property control card, the card shall be forwarded to the Records Section for filing with the case. If some items have not been released, the evidence/property card will remain in the property section.

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Records and Data

208.1 PURPOSE AND SCOPE

This policy establishes guidelines for the control and access of records by staff, contractors, and volunteers.

208.2 ACCESS TO RECORDS

Access to confidential paper or electronically generated records in this facility is restricted at various locations according to job function and the need to know. Employees working in assigned areas will only have access to the information that is necessary for the performance of their duties. Granting access to other employees or anyone outside of the work area must meet with supervisory approval. All requests for information received from outside the Office shall be forwarded to the Chief Jail Administrator.

Custody staff, volunteers, and contractors shall not access, disclose, or permit the disclosure or use of such files, documents, reports, records, video or audio recordings, or other confidential information except as required in the performance of their official duties and in accordance with office policies, statutes, ordinances, and regulations related to data practices. Photographs and information concerning a person convicted of a sex offense as defined in RCW 9.94A.030 may be released as provided in RCW 4.24.550.

Custody staff, volunteers, and contractors who are uncertain of the confidentiality status of any document should consult with a supervisor or the Chief Jail Administrator to determine the status of the documents in question.

208.3 STAFF TRAINING

Prior to being allowed to work inside this facility, all members and contractors will receive training on office records, policies, and confidentiality requirements, including the potential criminal and civil penalties that may result from a breach of confidentiality in violation of this policy and all applicable statutes (RCW 40.16.010 and RCW 40.16.020).

208.4 ACCESS/CJIS AUDITS

The Sheriff's Office will adhere to proper information management and security protocols in relation to ACCESS/CJIS records. The Washington State Patrol will conduct scheduled reviews and audits of the Sheriff's Office to ensure terminal and information access are properly managed. Any deficiencies identified will be documented so that a corrective action plan can be completed to correct the issue. Audit records and compliance documents will be retained by the Chief Civil Deputy.

208.5 POLICY

Members of the Island County Sheriff's Office will adhere to all applicable laws, orders, regulations, use agreements, and training related to the access, use, dissemination and release of protected information.

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208.6 CUSTODIAN OF RECORDS

The Sheriff shall designate a Custodian of Records. The responsibilities of the Custodian of Records include but are not limited to:

(a) Managing the records management system for the Office, including the retention, archiving, release, and destruction of office public records.

(b) Maintaining and updating the office records retention schedule, including:

1. Identifying the minimum length of time the Office must keep records.

2. Identifying the office division responsible for the original record.

(c) Establishing rules regarding the inspection and copying of office public records as reasonably necessary for the protection of such records.

(d) Identifying records or portions of records that are confidential under state or federal law and not open for inspection or copying.

(e) Establishing rules regarding the processing of subpoenas for the production of records.

(f) Ensuring the availability of a current schedule of fees for public records as allowed by law.

(g) Ensuring that the business hours for record inspection or copying are posted on the office's website and made known by other means designed to provide the public with notice (RCW 42.56.090).

(h) Ensuring that the name and contact information of the Public Records Officer is visible to the public, including the office website and appropriate office publications (RCW 42.56.580).

208.7 USE OF A CENTRAL COMPUTERIZED ENFORCEMENT SERVICE SYSTEM (ACCESS)

A Central Computerized Enforcement Service System (ACCESS) is a computer controlled communications system located at the WSP Information Technology Division. ACCESS provides service to all the state and national information systems. The Chief of the WSP is vested with the authority to administer all operating phases of ACCESS and WACIC. There are specific requirements for agencies accessing the information in the group of computers systems in ACCESS.

208.7.1 ACCESS USE REQUIREMENTS

No member of the Island County Sheriff's Office shall operate any of the ACCESS systems without first complying with the training requirements

208.7.2 ACCESS REQUIREMENTS

As an authorized ACCESS user, the Island County Sheriff's Office complies with all of the following ACCESS requirements:

(a) Warrant Entry

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(b) Receiving information from outside agencies

(c) Recording information

(d) Verifying information

(e) Cancelling information

(f) Providing 24 hour access to agency warrants

It is the responsibility of the Chief Civil Deputy to ensure that all ACCESS computer and network security requirements are in place and operational.

208.8 SUBPOENAS AND DISCOVERY REQUESTS

Any member who receives a subpoena duces tecum or discovery request for records should promptly contact a supervisor and the Custodian of Records for review and processing. While a subpoena duces tecum may ultimately be subject to compliance, it is not an order from the court that will automatically require the release of the requested information.

Generally, discovery requests and subpoenas from criminal defendants and their authorized representatives (including attorneys) should be referred to the County Attorney, County Attorney, or the courts.

All questions regarding compliance with any subpoena or subpoena duces tecum should be promptly referred to legal counsel for the Office so that a timely response can be prepared.

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Research Involving Inmates

209.1 PURPOSE AND SCOPE

The purpose of this policy is to establish safeguards and guidelines to protect inmates from being used as research subjects in medical and other research experiments based only on their status as inmates and without proper approval, review or informed consent.

209.2 POLICY

The Island County Sheriff's Office will conduct and support research that improves operations, enhances professional knowledge, decreases recidivism and advances the office's mission in accordance with existing laws and with appropriate protection of all inmates. However, the use of inmates for medical, pharmaceutical or cosmetic experiments is prohibited.

209.3 AUTHORIZATION REQUIREMENTS

Prior to initiating any approved research, all persons conducting research in this facility must agree to abide by all office policies relating to the security and confidentiality of inmate files. Based upon the intended use of the research, guidelines will be established regarding what information shall be accessible to the researcher or the research organization.

Any requests for an exception shall include a response to the following questions as part of the proposed research project:

- Who is conducting the research?
- What is the purpose of the research?
- What is the methodology?
- Do the researchers or persons advocating research involving the use of inmates have an understanding of their ethical responsibilities, including considerations for the establishment of an Institutional Review Board (IRB), as described in 45 CFR 46.301 et seq.?
- Any other information as deemed appropriate by the Chief Jail Administrator or Sheriff.

Inquiries regarding proposed research projects from local, state and federal executive and legislative bodies/agencies will be brought to the attention of the Sheriff immediately by the employee who receives the request. At the direction of the Sheriff, an appropriate and timely response will be made to each legitimate inquiry.

Research or studies involving more than the information identified as public information may require signed release/waiver forms from the involved inmates. The Sheriff should consult and seek guidance from the legal counsel serving the Office or other legal expert in these matters.

Inmates are not precluded from individual treatment based on the need for a specific medical procedure that is not generally available. An inmate's treatment with a new medical procedure by the inmate's own physician shall be undertaken only after the inmate has received a full

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explanation of the positive and negative features of the treatment, and only with the inmate's informed consent.

209.4 LEGAL CONSIDERATIONS

Any research conducted or supported by the United States Department of Health and Human Services will be required to comply with the provisions of 45 CFR 46.301 et seq.

209.5 INMATES IN COMMUNITY-BASED RESEARCH

When inmates who are participants in a community-based research protocol are admitted to the facility, the following shall occur:

(a) The intake nurse shall collect all relevant data including name and contact information of the treating physician, and all available detail about the treatment regimen and the condition being treated.

(b) The responsible physician shall be contacted prior to the initiation of treatment.

(c) Consultation with community researchers shall be made by the responsible physician to determine the intent of the study and any necessary parameters to measure as the treatment period progresses.

(d) Necessary information shall be obtained so that withdrawal from the research protocol is done without harming the health of the inmate.

209.6 HUMAN RESEARCH STUDIES

This office does not endorse enrolling inmates into human research studies. Requests to enroll inmates in human research studies will not ordinarily be approved. However, any request to enroll an inmate into such a study must be reviewed by the Sheriff, the Responsible Physician and legal counsel, and authorization provided prior to enrollment. Any authorized enrollments shall comply with all state and federal guidelines.

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Inmate Records

210.1 PURPOSE AND SCOPE

This policy establishes the procedures required to create and maintain accurate records of all persons booked and confined in this facility.

210.2 POLICY

It is the policy of this office that all records shall be complete and comprehensive, resulting in reliable data that provides information about each inmate’s period of confinement, as well as histories of previous confinement in this facility. All inmate records are official office documents and should be used for official business only. Inmate records are a vital component of the criminal justice system and should only be released to authorized persons.

210.2.1 RECORD MAINTENANCE

It shall be the responsibility of the Records Section to maintain the following records on all persons who have been committed or assigned to this facility, including, but not limited to, the following:

- Information gathered during the admission process as provided in the Inmate Reception Policy
- Photographs and fingerprints cross referenced to the booking number
- Duration of confinement
- Court-generated background information
- Cash and property receipts
- Classification records, including inmate classification levels and housing restrictions
- Housing history records
- Reports of disciplinary events and dispositions
- Grievances and dispositions
- Reports of incidents or crimes committed during confinement
- Request forms
- Special visit forms
- Court appearances, documents and the disposition of hearings
- Work assignments
- Program participation
- Visitation records
- Telephone records

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- Medical, dental, mental health, drug and alcohol screenings, assessments, treatments, medications

The inmate records shall be identified and separated according to a format developed and approved by the Chief Jail Administrator or the authorized designee.

210.2.2 RELEASE OF INMATE RECORDS

Inmate records are confidential and shall be used for official business only. Any release of inmate records shall be made only in compliance with a lawful court order or as authorized by state and federal law to persons having a legitimate criminal justice need, or with a consent form signed by the inmate (RCW 70.48.100). A copy of the release authorization document shall be maintained in the inmate record file.

210.2.3 ELECTRONIC RECORD MAINTENANCE

All inmate records and data maintained in an electronic format shall be accessible only through a login/password-protected system capable of documenting by name, date and time any person who has accessed the information. The Chief Jail Administrator shall be responsible for working with the information technology personnel to ensure the security of the data and to develop and maintain a copy of the security plan.

210.2.4 RECORDS RETENTION

Inmate records shall be maintained consistent with the established records retention schedule.

210.3 INFORMATION SHARING REGARDING IMMIGRATION STATUS

No member of this office will prohibit, or in any way restrict, another member from doing any of the following regarding the citizenship or immigration status, lawful or unlawful, of any individual (8 USC § 1373):

(a) Sending information to, or requesting or receiving such information from federal immigration officials

(b) Maintaining such information in office records

(c) Exchanging such information with any other federal, state, or local government entity

210.3.1 NON-DISCLOSURE OF PERSONAL INFORMATION

Members shall not disclose to a federal immigration official who is investigating a non-criminal matter, nonpublic personal information about an inmate except as required by state or federal law (RCW 10.93.160).

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Report Preparation

211.1 PURPOSE AND SCOPE

Report preparation is a major part of each deputy's job. The purpose of these reports is to document incidents at the facility, refresh the deputy's memory and provide sufficient information for a follow-up investigation and successful prosecution or a disciplinary proceeding. Report writing is the subject of substantial formal and on-the--job training.

211.2 REPORT PREPARATION

Employees should ensure that reports are sufficiently detailed for their purpose and free from errors prior to submission. Reports shall be prepared by the staff assigned to investigate or document an incident, approved by a supervisor, and submitted to the Chief Jail Administrator or the authorized designee in a timely manner. Reports related to any incident resulting in death, serious injury, or endangerment to staff, inmates, or a visitor; an escape; a major disturbance; a facility emergency; or an unsafe condition at the facility shall be submitted to the Chief Jail Administrator as soon as practicable but within 24 hours of the incident. It is the responsibility of the assigned employee to ensure that all the above-listed reports meet this requirement or that supervisory approval has been obtained to delay the report. The supervisor must determine whether the report will be available in time for appropriate action to be taken, such as administrative notifications or resolution, investigative leads, or an inmate disciplinary proceeding.

Handwritten reports must be prepared legibly. If the report is not prepared legibly, the employee shall be required by the reviewing supervisor to promptly correct the report. Employees who dictate reports by any means shall use appropriate grammar, as content is not the responsibility of the typist. Employees who generate reports on computers are subject to all requirements of this policy.

All reports shall accurately reflect the identity of the persons involved, all pertinent information seen, heard, or assimilated by any other sense, and any actions taken. Employees shall not suppress, conceal, or distort the facts of any reported incident, nor shall any employee make a false report orally or in writing. Generally, the reporting employee's opinions should not be included in reports unless specifically identified as such.

211.3 REQUIRED REPORTING

Written reports are required in all of the following situations on the appropriate office-approved form unless otherwise approved by a supervisor.

211.3.1 CRIMINAL ACTIVITY REPORTING

When an employee responds to an incident, or as a result of selfinitiated activity, and becomes aware of any activity where a crime has occurred, the employee is required to document the activity. The fact that a victim is not desirous of prosecution is not an exception to documentation.

211.3.2 INCIDENT REPORTING

Incident reports generally serve as an in-house notation of occurrences in the facility and to initiate, document and support the inmate disciplinary process. The Office shall establish a filing system

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that differentiates between incident reports, crime reports, and disciplinary actions. This policy does not require the duplication of information on two different forms. Where both exist, cross-referencing facilitates retrieval of one or both.

Incidents that shall be documented using the appropriate approved report include:

(a) Non-criminal incidents of rule violations by inmates.

(b) Attempted suicide or suicidal ideation on the part of an inmate.

(c) Non-criminal breaches of security or evidence of an escape attempt.

(d) Non-criminal security threats, including intelligence related to correctional facility activities.

(e) Significant incidents related to medical issues, health, or safety in the correctional facility.

(f) Discovery of contraband in the possession of inmates or their housing areas.

(g) Detaining or handcuffing any visitor at the facility.

(h) Traffic collisions involving office vehicles.

(i) Risk management incidents, including injuries to inmates and lost or damaged property.

(j) Accidental injuries of staff, inmates, or the public.

(k) Unusual occurrences.

211.3.3 DEATHS

All deaths shall be investigated and a report completed by a qualified investigating deputy to determine the manner of death and to gather information, including statements of inmates and staff who were in the area at the time the death occurred.

Reporting of deaths will be handled in accordance with the Reporting In-Custody Deaths Policy.

211.3.4 INJURY OR DAMAGE BY OFFICE PERSONNEL

Reports shall be taken if an injury occurs that is a result of an act of an employee. Reports shall be taken involving damage to office property or equipment.

211.3.5 USE OF FORCE

Reports related to the use of force shall be made in accordance with the Use of Force Policy.

211.4 GENERAL POLICY OF EXPEDITIOUS REPORTING

In general, all employees and supervisors shall act with promptness and efficiency in the preparation and processing of all reports. Incomplete reports, unorganized reports, or reports delayed without supervisory approval are not acceptable. Reports shall be processed according to established priorities or according to special priority necessary under exceptional circumstances.

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211.4.1 GENERAL POLICY OF HANDWRITTEN REPORTS
Some incidents and report forms lend themselves to block print rather than typing. In general, the narrative portion of those reports in which there is a long narrative should be typed or dictated.

Supervisors may require, with the foregoing general policy in mind, block printing or typing of reports of any nature for office consistency.

211.4.2 GENERAL USE OF OTHER HANDWRITTEN FORMS
County, state and federal agency forms may be block printed as appropriate. In general, the form itself may make the requirement for typing apparent.

211.5 REPORT CORRECTIONS

Supervisors shall review reports for content and accuracy. If a correction is necessary, the reviewing supervisor should return it to the reporting employee for correction as soon as practicable. It shall be the responsibility of the originating employee to ensure that any report returned for correction is processed in a timely manner. It shall be the responsibility of the supervisor rejecting the report to follow up on any report corrections not received in a timely manner.

211.6 REPORT CHANGES OR ALTERATIONS

Reports that have been approved by a supervisor and submitted to the Records Section for filing and distribution shall not be modified or altered except by way of a supplemental report. Reviewed reports that have not yet been submitted to the Records Section may be corrected or modified by the authoring employee only with the knowledge and authorization of the reviewing supervisor. Reviewing supervisors should not alter reports. When modifications are required, these should be the responsibility of the authoring employee.

211.7 ELECTRONIC SIGNATURES

The Island Correctional Facility has established an electronic signature procedure for use by all employees of the Island Correctional Facility. The Chief Jail Administrator or the authorized designee shall be responsible for maintaining the electronic signature system and ensuring that each employee creates a unique, confidential password for his/her electronic signature. The system use and design shall follow the requirements of the Washington Electronic Authentication Act (RCW 19.34.010 et seq.) when applicable.

- Employees may only use their electronic signature for official reports or other official communications.
- Each employee shall be responsible for the security and use of his/her electronic signature and shall promptly notify a supervisor if the electronic signature has or may have been compromised or misused.

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Key and Electronic Access Device Control

212.1 PURPOSE AND SCOPE

The control and accountability of facility keys and electronic access devices are vital factors in maintaining a safe and secure environment for inmates, staff, volunteers, contractors and the public. This policy outlines the methods that the Office will use in maintaining strict security of its keys and electronic access devices. For ease of reference, the term “key” as used in this policy includes all physical means of access to or exit from the secure areas of the facility.

212.2 POLICY

It is the policy of this office that all keys used to access secure areas of the facility or to exit the secure areas of the facility are strictly controlled. Employees and supervisors will be held accountable for the security and safety of the facility. All key control activities shall be accurately documented on a daily basis.

212.2.1 KEY IDENTIFICATION

All keys that open any doors within the facility shall be marked with unique identification codes that will allow for quick inventory. Keys that are bundled together as a set shall be numbered or coded with a tag to identify that set and the number of keys on the ring. The identifying numbers or code on keys shall not correspond to numbers/codes on locks.

A separate secure document identifying all keys will be maintained by the central control supervisor.

212.2.2 KEYSET CONTENTS

Keysets issued to staff for use within the secure perimeter of the facility shall not contain any key that would permit access to areas outside the secure perimeter. The armory key shall not be permitted inside the secure perimeter. Exterior door keys shall not be permitted inside the facility except during an emergency requiring access to the exterior doors.

212.2.3 KEY CONTROL

All facility keys not in use shall be maintained within the Control Room room. This room shall have controlled access for staff only. Each person assigned to the facility shall be issued key tags bearing his/her employee number. Keysets will be exchanged for key tags to maintain a record of which employee has which set. At the end of a shift, employees shall exchange all keys for their key tags.

Under no circumstances shall an employee pass a key or keyset to another employee. All keys must be checked out through the control process. Employees shall not possess any key for which they have not been authorized.

Employees shall not duplicate, mark, alter or manufacture any key without written authorization from the Chief Jail Administrator or the authorized designee.

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Supervisors shall, at the beginning and end of their respective shifts, inventory the key box and its contents. All keys must be accounted for before the supervisor may end his/her shift.

Under no circumstances will security or vehicle keys be made available to inmates regardless of their status.

212.2.4 LOCK POLICY

All security perimeter entrances, Control Room doors and cell doors shall be kept locked, except when used for admission or exit of employees, inmates or visitors, and in an emergency. Operators of sallyports shall ensure that only one of the doors of a sallyport is opened at any time for entry or exit purposes, except where the entry or exit of emergency personnel requires the operator to override the doors and allow for rapid entry or exit. Each time the override function is engaged, the officer must submit a written report to the on-duty supervisor prior to the end of his/her shift.

212.2.5 TESTING

Locks to security doors or gates shall be tested for proper function at least quarterly to ensure proper operation. This testing shall be documented and a report forwarded to the Chief Jail Administrator.

212.2.6 EXTERIOR DOOR AND ARMORY KEYS

Keys for exterior doors to the facility and the armory shall be kept in a locked cabinet in a secure location, outside of the facility’s secure perimeter. Supervisors shall, at the beginning and end of their respective shifts, inventory and account for these keys.

212.2.7 MISSING KEYS

Any staff member who discovers that a key or keyset is missing shall immediately make a verbal report to a supervisor and shall prepare a written incident report as directed by the supervisor. The supervisor shall immediately initiate a search for the missing key. If a reasonable effort to locate the key fails, the supervisor shall order a lockdown of the facility. All inmates shall be locked in their cells/housing units. Inmates shall not be allowed to pass into or out of the facility without being thoroughly searched for the missing key. The supervisor shall, as soon as practicable, notify the Chief Jail Administrator regarding the loss of the key, when it was discovered and the circumstances involved.

A methodical and thorough search of the entire facility will be made by the on-duty staff. Additional staff may be called to assist with the search. If, after a thorough search, the key or keyset is not located, the Chief Jail Administrator will determine whether to re-key any locks that may have been compromised, and whether this should be done immediately.

The Chief Jail Administrator shall initiate an investigation into the disappearance of the keys to reexamine the procedures for key control, and shall notify the Sheriff of his/her findings. Based upon the findings of the investigation and any recommendations, the procedures governing this policy may be amended.

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212.2.8 DAMAGED KEYS OR LOCKS

Damaged keys or locks shall be promptly reported to a supervisor. No part of a broken key shall be left in the lock. All portions of the damaged key must be turned in to the Shift Supervisor, who will ensure duplicate keys are provided as needed. Damaged locks shall be replaced or repaired as soon as practicable. Appropriate security measures shall be taken until such time as the lock is properly restored. No lock to a security door or gate shall be permitted to be inoperable or left in an unsuitable condition. No inmate shall be secured in a cell, detention room or area that has inoperable locks.

212.3 KEY CONTROL RECORDS

A shift roster will be maintained for the accounting and security of all keysets. Each shift is responsible for reporting any key malfunctions or missing keysets. Key control measures shall be documented by the control room staff on logs and forms, and the records retained in accordance with established records retention schedules.

212.4 ELECTRONIC ACCESS DEVICES

Proximity cards, fobs or other devices may be issued to staff to allow access to restricted or controlled areas of the facility. In the event of a lost or stolen device, an employee shall notify his/her supervisor as soon as it is known the device is missing. The device shall be immediately deactivated to prevent unauthorized use.

212.5 EMERGENCY KEY SET

At least one key set containing every key for the facility shall be kept separate from all other key sets in a secure location and made quickly accessible only to the Chief Jail Administrator, Shift Supervisor, supervisor or the authorized designee in the event of an emergency.

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Daily Activity Logs and Shift Reports

213.1 PURPOSE AND SCOPE

Accurate and legible records are vital to the management of the facility. They provide a means for managers to review events and emergency situations that have occurred within the facility.

This policy provides guidance for creating and maintaining accurate and legible records necessary for the management of the facility.

213.2 POLICY

This policy establishes the requirement for the preparation, maintenance and retention of permanent logs and shift reports to provide a record of both routine activities and unusual events such as emergencies or other notable occurrences.

213.3 PROCEDURES

All members assigned to a security post shall prepare an accurate daily activity log and shift report. The daily activity log and shift report is a permanent record of daily activities. Members who falsify any official document may be subject to disciplinary action, up to and including termination.

All members will adhere to the following procedures when preparing a daily activity log or shift report:

(a) Black ink pen shall be used, unless entries are logged into an electronic record.

(b) Entries should be legible and provide sufficient detail to ensure that the log entry or report properly reflects the events of the day.

(c) Entries shall include the name and badge number of the individual making the entry.

(d) Entries shall reflect the date and time of the event logged.

(e) Entries created and stored electronically shall not be modified. If corrections or changes become necessary, they shall be done by way of a supplemental entry, leaving the original entry unaltered and retrievable.

(f) Handwritten log entries requiring modification shall be crossed out with one line and a new entry made, noting that it is a correction.

213.4 SHIFT ACTIVITY LOG

All pertinent activities should be documented in the daily activity log or Spillman RMS. At a minimum this includes:

- Personnel on-duty
- Bookings and releases
- Formal counts
- Safety checks, security checks and inspections and routine activities

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- All searches/shakedowns
- Inmate movement within the facility and inmates received at a housing assignment
- Meal service
- Professional visits to the housing units, including maintenance work and tours
- Alarms and security equipment tests
- Medication delivery, sick call or inmate complaint of illness or injury and the action taken
- Locking and unlocking of inmate cells
- Disciplinary actions
- Supervisor rounds to the housing area and/or to specific inmates
- Unusual inmate behavior
- Discovered contraband
- Activities and programs offered and the attendees
- Unusual occurrences
- Use of emergency equipment
- Any use of force
- Sanitation inspections
- Key counts

The daily activity log will be retained in accordance with the Secretary of State records retention schedule and the Office records retention schedule (WAC 44-14-03005).

213.5 SHIFT REPORT

Each member assigned to a security post, as well as the supervisor, shall prepare a shift report for the oncoming staff. This report shall include the following:

- The formal inmate count at the beginning and end of each shift
- Key count and exchange
- Money count (at whatever post money is handled)
- Exchange of security equipment (e.g., duress alarm, radio)
- The time the supervisor made rounds
- Information that would assist the oncoming staff
- Unusual occurrences

The shift report will be retained in accordance with the Secretary of State records retention schedule and the Office records retention schedule (WAC 44-14-03005).

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213.6 SUPERVISOR RESPONSIBILITIES

Supervisors shall review the daily activity log and shift report during the course of each shift. Supervisors shall sign and include the date and time of review on each log or report. When appropriate, supervisors should include comments in the logbook with regard to an incident or unusual occurrence in the facility.

Whenever a major event in the facility requires a coordinated command response, the Incident Commander (IC) should designate someone to keep a running log that identifies, at a minimum, the following:

- Date and time the incident began
- Specific location of the incident
- Times of significant response measures taken during the incident
- Name, identification number and time of arrival of personnel onscene
- Orders issued by the IC
- Significant events that occurred as a result of the incident

The above information should remain available to the IC throughout the event to assist with ongoing response planning.

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Personnel Records

214.1 PURPOSE AND SCOPE

This policy governs the maintenance, retention and access to the personnel files of employees in accordance with established law. The personnel records of all employees contain confidential information and shall not be released or information disclosed from them except as prescribed below. This policy applies to all past and current personnel (RCW 42.56.230).

214.1.1 PERSONNEL FILES DEFINED

Personnel records - Any file maintained under an individual's name by his/her employing agency and containing records relating to any of the following:

(a) Personal data, including marital status, family members, educational and employment history, home address, or similar information

(b) Medical or psychological history

(c) Election of employee benefits or affiliations

(d) Employee advancement, appraisal, discipline, training, or employee performance reports

(e) Complaints or investigation of complaints against the employee alleging misconduct or performance deficiencies, whether filed by a citizen or another agency or department

(f) Any dispositions of such complaints

(g) Any other information, the disclosure of which would constitute an unwarranted invasion of personal privacy

214.2 PERSONNEL RECORD LOCATIONS

Employee records will generally be maintained in any of the following:

Office file - That file which is maintained in the office of the Sheriff as a permanent record of an employee’s service with this office.

Section file - Any file that is separately maintained internally by an employee’s supervisor for the purpose of completing timely performance evaluations.

Supervisor log entries - Any written comment, excluding actual performance evaluations, made by a supervisor concerning the conduct of an employee of this office.

Training file - Any file that documents the training records of an employee.

Internal affairs file - Those files that contain complaints of employee misconduct and all materials relating to an investigation into such allegations, regardless of disposition.

Medical files - The file that contains only medical information relating to an employee’s ability to perform the essential functions of his/her job or other health-related matters. This file is maintained separately from any other files.

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Pre-employment personnel files, including background information, psychological evaluations and polygraph results, will also be maintained in the office of the Sheriff or his/her designee or by the Department of Human Resources. Such files shall be kept separately from other personnel files.

214.3 REQUESTS FOR DISCLOSURE OF PERSONNEL FILES

Requests for the disclosure of any information contained in any personnel record may be made by mail, email, fax, orally, or in person. Since the format of such requests may be strictly governed by law with specific responses required, all such requests shall be promptly brought to the attention of the Shift Supervisor, the custodian of records, or other person charged with the maintenance of such records (WAC 44-14-03006).

The responsible person shall further ensure that an appropriate response to the request is made in a timely manner, in accordance with applicable law. In many cases this will require assistance of legal counsel, as the disclosure of personnel, medical, and similar files can constitute an unwarranted invasion of personal privacy or be subject to other protections.

All requests for disclosure that result in access to an employee’s personnel file shall be logged in the corresponding file.

214.3.1 SUBPOENAS

Personnel files may be subpoenaed by a third party. If employment records are subpoenaed under state authority the employee may be notified and has the right to object to production of the records under certain circumstances.

Any subpoena duces tecum should be promptly provided to a supervisor for review and processing. While a subpoena duces tecum may ultimately be subject to compliance it is not an order from the court that will automatically require the release of the requested information.

All questions regarding compliance with any subpoena or subpoena duces tecum should be promptly referred to legal counsel for the Office so that a timely response can be prepared.

214.3.2 RELEASE OF CONFIDENTIAL INFORMATION

Except as provided by this policy or pursuant to lawful process, information contained in any personnel file shall not be disclosed to any unauthorized person without the prior written consent of the involved employee, written authorization of the Sheriff or the authorized designee, or unless otherwise required by law.

Any person who willfully, maliciously, and with the intent to obstruct justice or the due administration of the laws, publishes, disseminates or otherwise discloses confidential personnel information without legal authority may be subject to prosecution and disciplinary action.

214.3.3 REQUESTS FOR DISCLOSURE OF FORMER EMPLOYEE FILES

Members receiving requests for information from another agency regarding allegations of sexual abuse or sexual harassment involving a former employee should work with counsel to ensure compliance with Prison Rape Elimination Act (PREA) requirements (28 CFR 115.17).

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214.3.4 NOTICE TO MEMBER

Upon receipt of a request for information located exclusively in a member's personnel records, the custodian of records is responsible for providing notice to the member, the union representing the member, and to the requestor, that includes (RCW 42.56.250):

(a) The date of the request.

(b) The nature of the requested record relating to the member.

(c) That information in the record will be released if not exempt from disclosure at least 10 days from the date the notice is made.

(d) That the member may seek to enjoin release of the records under RCW 42.56.540 (court protection of public records).

214.4 EMPLOYEE ACCESS TO OWN FILE

Any employee may request access to their own personnel file annually during normal business hours of those responsible for maintaining such files. The Office shall provide a copy of the record to the member no later than 21 calendar days after the request (RCW 49.12.240; RCW 49.12.250).

A member may annually request that all information contained in their personnel file subject to disclosure be reviewed by the Office for any irrelevant or erroneous information. Any employee seeking the removal of any item from their personnel file shall file a written request to the Sheriff through the chain of command. The Office may thereafter remove any such item if appropriate, or within 30 days provide the employee with a written explanation as to why the contested item will not be removed. If the contested item is not removed, the employee's request and the office's written response shall be retained with the contested item in the employee's personnel file (RCW 49.12.250).

Employees may be restricted from accessing the following:

(a) Records of an employee relating to the investigation of a possible criminal offense (RCW 49.12.260).

(b) Records of an employee compiled in preparation for an impending lawsuit that would not be available to another party under the rules of pretrial discovery for causes pending in the superior courts (RCW 49.12.260).

(c) Records relating to an ongoing internal affairs investigation or disciplinary action to the extent that release could jeopardize or compromise the investigation or action pending final disposition (RCW 49.12.240(2)).

Employees, former employees, and job applicants, upon request, may receive a copy of any instrument the person signed that is related to their application or employment.

214.5 TYPES OF PERSONNEL FILES

Employee personnel files can be located in any of the following places.

214.5.1 OFFICE FILE

The Office file should contain but is not limited to the following:

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(a) Performance evaluation reports annually completed by the appropriate supervisors and signed by the affected employee shall be permanently maintained.

(b) Records of all training (original or photocopies of available certificates, transcripts, diplomas, and other documentation) and education:

1. It shall be the responsibility of the involved employee to provide the Training Manager or immediate supervisor with evidence of completed training/education in a timely manner.

2. The Training Manager or supervisor shall ensure that copies of such training records are placed in the employee's office file.

(c) Disciplinary action:

1. Disciplinary action resulting from sustained internally initiated complaints or observation of misconduct shall be maintained in the individual employee's office file at least three years.

2. Investigations of complaints that result in a finding of not-sustained, unfounded, or exonerated shall not be placed in the employee's office file, but will be separately maintained for the appropriate retention period in the internal affairs file.

(d) Adverse comments, such as supervisor log entries, may be retained in the office file or division file, after the employee has had the opportunity to read and initial the comment, for a period up to two years.

1. Any such employee response shall be attached to and retained with the original adverse comment.

2. If an employee refuses to initial or sign an adverse comment, at least one supervisor should note the date and time of such refusal on the original comment. Such a refusal, however, shall not be deemed insubordination nor shall it prohibit the entry of the adverse comment into the employee's file.

(e) Commendations shall be retained in the employee's office file, with a copy provided to the employee.

(f) Personnel action reports reflecting assignments, promotions, and other changes in the employee's employment status shall be maintained in the office file.

214.5.2 SECTION FILE

The Section File should contain but is not limited to:

(a) Supervisor log entries, notices to correct, and other materials intended to serve as a foundation for the completion of timely performance evaluations.

1. All materials intended for this interim file shall be provided to the employee prior to being placed in the file.

2. Duplicate copies of items that will also be included in the employee’s office file may be placed in this interim file in anticipation of completing any upcoming performance evaluation.

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3. Once the permanent performance evaluation form has been finalized, the underlying foundation material and/or duplicate copies may be purged in accordance with this policy.

All rules of confidentiality and disclosure shall apply equally to the division file.

214.5.3 INTERNAL INVESTIGATIONS FILE

Internal affairs files shall be maintained under the exclusive control of the Internal Investigations in conjunction with the office of the Sheriff. Access to these files may only be approved by the Sheriff or the supervisor of the Internal Investigations. These files shall contain:

(a) The complete investigation of all formal complaints of employee misconduct, regardless of disposition.

1. Each investigation file shall be sequentially numbered within a calendar year (e.g., yy-001, yy-002).
2. Investigation files arising from a complaint regarding any employee shall be maintained no less than two years.

(b) Investigations that result in other than a sustained finding shall be maintained for the minimum statutory period but may not be used by the Office to adversely affect an employee’s career.

214.5.4 TRAINING FILES

An individual training file shall be maintained by the Training Unit for each employee. Training files will contain records of all training (original or photocopies of available certificates, transcripts, diplomas and other documentation) and education.

(a) It shall be the responsibility of the involved employee to provide the Training Manager or immediate supervisor with evidence of completed training/education in a timely manner.

(b) The Training Manager or supervisor shall ensure that copies of such training records are placed in the employee’s training file.

214.5.5 MEDICAL FILE

A medical file shall be maintained separately from all other files and shall contain all documents relating to the employee’s medical condition and history, including, but not limited to:

(a) Materials relating to medical leaves of absence.

(b) Documents relating to workers' compensation claims or receipt of short- or long-term disability benefits.

(c) Fitness-for-duty examinations, psychological and physical examinations, follow-up inquiries and related documents.

(d) Medical release forms, doctor’s slips and attendance records that reveal an employee’s medical condition.

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(e) Any other documents or material that reveals the employee's medical history or medical condition, including past, present or potential psychological or physical limitations.

214.6 PURGING OF FILES

All disciplinary files and investigations of complaints not pending litigation or other ongoing legal proceedings may be purged no sooner than two years from the underlying complaint date.

(a) Each supervisor responsible for completing the employee's performance evaluation shall also determine whether any prior sustained disciplinary file should be retained beyond the statutory period for reasons other than pending litigation or other ongoing legal proceedings.

(b) If a supervisor determines that records of prior discipline should be retained beyond the applicable statutory period, approval for such retention shall be obtained through the chain of command from the Sheriff.

(c) During the preparation of each employee's performance evaluation, all complaints and discipline should be reviewed to determine the relevancy, if any, to progressive discipline, training and career development. If, in the opinion of the Sheriff, a complaint or disciplinary action beyond the statutory retention period is no longer relevant, all records of such matter may be destroyed pursuant to resolution.

214.7 BRADY MATERIAL IN PERSONNELFILES

The purpose of this section is to establish a procedure for releasing potentially exculpatory information (*Brady* material) contained within personnel files.

If an employee is a material witness in a criminal case, a person or persons designated by the Sheriff may examine the subject deputy's personnel file to determine whether it contains *Brady* material.

Brady material includes all material evidence and facts that are reasonably believed to be exculpatory to any individual in a case (to impeach a witness, for example). Evidence or facts are considered material if there is a reasonable probability that they may affect the result of any criminal proceeding, including sentencing. If potential Brady material is located, the prosecuting attorney shall be notified.

Because a determination of what is or is not Brady material will often require legal or even judicial review, any questions should be resolved by the prosecuting attorney.

Prior to the release of any materials pursuant to this process, the custodian of records should request a protective order from the court limiting the use of such materials to the involved case and requiring the return of all copies upon completion of the case.

214.8 CONFIDENTIALITY OF ALL PERSONNEL FILES

In general, unless expressly stated by statutory exception, personnel files are subject to public disclosure. To the extent possible, all personnel records, whether or not subject to public disclosure, should be maintained as private records. Access to personnel files should be limited

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to only those local government employees who are needed to maintain the files and those who have a legitimate need for access or legal right to access. All of the personnel records listed in PERSONNEL RECORD LOCATIONS shall be deemed private, and access to such files will be limited to only those Department or county employees who are needed to maintain the files and those who have a legitimate need for access. Nothing in this section is intended to preclude review of personnel files by the Citizens, County Attorney, or other attorneys or representatives of the county in connection with official business.

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Employee Compensation

215.1 PURPOSE AND SCOPE

The purpose of this policy is to establish a process for reviewing compensation and benefit levels for all facility personnel when a labor organization process, Memorandum of Understanding (MOU) or other methodology does not exist. The goal of a compensation and benefit package should be to establish competitive salary and benefits to ensure the ability to recruit, hire and retain qualified staff.

215.2 POLICY

It shall be the policy of this office to strive for parity of compensation and benefits with similar occupational groups in the state or region, whenever fiscal conditions permit, to ensure the ability to recruit, hire and retain qualified staff. Compensation and benefits for deputies should be equal to those for law enforcement officers working in the same organization or at the same level of government.

All compensation actions shall be in accordance with civil service rules, labor codes and MOUs for pay and benefits, and subject to fiscal conditions (RCW 41.14.150).

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Administrative and Supervisory Inspections

216.1 PURPOSE AND SCOPE

The purpose of this policy is to establish both regularly scheduled and unannounced inspections of the facility's living and activity areas. This is to encourage contact with staff and inmates and to observe inmate living and working conditions. Inspections may be useful in identifying deficiencies, which can be corrected, as well as processes working properly, which may be replicated elsewhere in the facility.

216.2 POLICY

Tours and inspections shall be conducted by administrative and supervisory staff throughout the correctional facility at least weekly to facilitate and encourage communication among administrators, managers, supervisors, staff employees, inmates and the visiting public.

216.3 INSPECTIONS

The Chief Jail Administrator is responsible for ensuring that scheduled and unscheduled inspections, visits and contacts are implemented to minimally include:

(a) The general conditions and overall climate of the facility.

(b) The living and working conditions of inmates.

(c) Communication between administrators, managers, supervisors, staff, inmates and the visiting public.

(d) Compliance with policies.

(e) Safety, security and sanitation concerns.

(f) Inmate concerns.

(g) Meal services.

216.3.1 AREAS TO BE INSPECTED

Supervisor inspections should occur in all occupied areas of the facility on a daily basis, including weekends and holidays. Inspections should be conducted randomly and special effort should be given to tour and informally inspect the following areas:

- Inmate housing areas
- Booking and receiving areas, including holding cells
- Exercise yard and recreation areas
- Visiting and program areas
- Medical and dental service areas
- Vocational work areas, e.g., the kitchen, janitorial closets
- Sallyports and transportation staging areas

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216.4 INSPECTIONS OF SECURITY EQUIPMENT

The Chief Jail Administrator shall be responsible for designating a qualified person to conduct weekly inspections of all security devices, identifying those in need of repair or maintenance and providing a written report of the results of the inspection. The Chief Jail Administrator shall document all action taken to correct identified deficiencies, including maintenance records, and shall retain those records in accordance with established records retention schedules (WAC 44-14-03005).

216.5 DOCUMENTATION AND REPORTING

Each staff member conducting the inspection or tour shall document the activity in the appropriate station form or facility log. The log should include any significant findings that indicate remedial action or training may be needed. Significant issues of security or safety shall be addressed promptly. Commendable or successful actions that should be replicated elsewhere in the facility should also be noted in the log.

The Shift Supervisor shall review the logs daily and ensure that any deficiencies noted are addressed or forwarded through the chain of command, as appropriate, and that commendable actions are also appropriately addressed.

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Perimeter Security

217.1 PURPOSE AND SCOPE

The purpose of this policy is to establish this facility's security perimeters, to ensure that incarcerated inmates remain inside the perimeter, and that visitor, vendor, volunteer and employee access is granted only with proper authorization and through designated safety vestibules and sallyports. The secure perimeter of this facility will provide protection from the escape of persons being processed, held or housed, and will act as a defense against the entry of unauthorized persons. It shall also be maintained to prevent contraband from entering the secure areas of the facility.

217.2 POLICY

All entry points to the secure perimeter of the facility shall be monitored and controlled continuously by Control Room staff. The entire perimeter shall be inspected, maintained, monitored and continuously assessed to ensure its physical integrity and prevent unauthorized entry, inmate escape and contraband from entering the facility.

217.2.1 VISITORS

This facility shall be maintained as a secure area and no person shall enter any portion of the inner perimeter without specific authorization from the Chief Jail Administrator or the authorized designee. All visitors shall be required to provide satisfactory identification, such as a valid state-issued driver license or identification card, valid passport or military identification. Visitors shall be required to sign in on the visitor log and state the reason for the visit. Visitors must wear a visitor's badge at all times and shall be escorted by one or more staff members at all times, while they are in the secure areas of the facility.

217.2.2 CONTRACTORS/VENDORS/VOLUNTEERS

See attachment: Policy 217.2.2 Attachment 1.pdf All Contractors/Vendors/Volunteers are required to submit Attachment #1, "Background Check Form" with all the associated information fields completed and a photo copy of their Driver's License before they can access the Secure Perimeter of the Island County Jail. Island County Jail Staff will complete a background check using the completed form. Once the background check is completed the Contractor/Vendor/Volunteer will be granted access to the Secure Perimeter during designated or approved times. A copy of the completed background check and copy of Driver's License will be maintained in Main Control. Background checks will be conducted on an annual basis. If at any time there is reason to believe a Contractor/Vendor/Volunteers security clearance has been compromised an additional background check will be requested. If during the background check issues are noted the completed review packet will be routed through the custody chain of command to the Chief Jail Administrator for review.

217.3 PROCEDURE

The secure perimeter shall be maintained by assigned staff as well as a contracted law enforcement agency. The Chief Jail Administrator or the authorized designee shall ensure that a

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staffing plan is in place to monitor the secure perimeter of this facility. Suspicious activity at or near the perimeter shall immediately be reported to the Shift Supervisor and Control Room. Control Room staff shall initiate an appropriate law enforcement response.

Individuals suspected to be in violation of any law may be subject to detention or arrest. Warrant checks should be conducted on all individuals who are on the property without proper authorization. Individuals found to be loitering on or around the perimeter of the facility will be stopped and questioned to determine the circumstances of their presence. They may be denied entrance into the facility.

Control Room staff shall identify all persons seeking to gain access to the secure perimeter of the facility. Persons delivering goods or services shall identify themselves to Control Room staff prior to being allowed access to the delivery area.

Materials delivered to or transported from the facility's secure perimeter shall be inspected for contraband. Vendors making deliveries into the secure area of the facility will do so under the supervision of custody staff.

Keys to the secure perimeter shall be easily identifiable and issued only in emergency situations or with the authorization of the Chief Jail Administrator.

Weapons lockers are provided outside all secure perimeter entrances. All weapons must be secured prior to an individual being allowed to enter the facility.

The sallyport and the secure garage are to be used for the transfer of inmates.

Operation of the sallyport doors will be done in such a manner as to effectively control movement into and out of the secure perimeter of this facility. Control Room staff are responsible for ensuring all perimeter surveillance equipment is in good working order and shall immediately report malfunctions or failures to the on-duty supervisor.

Outer perimeter security may be accomplished by using fencing or another type of barrier. These barriers should be designed to route vehicular and pedestrian traffic away from non-public areas. Outer perimeter lighting should be designed to illuminate all areas of the exterior to allow visual inspection by video monitor or perimeter patrols.

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News Media Relations

219.1 PURPOSE AND SCOPE

This policy provides guidelines for media releases and media access to this facility's incidents and general public information.

219.2 POLICY

It is the policy of this office that the ultimate authority and responsibility for the release of information to the media shall remain with the Sheriff. However, in situations not warranting immediate notice to the Sheriff and in situations where the Sheriff has given prior approval, the Chief Jail Administrator or designated Public Information Officer may prepare and release information to the media in accordance with this policy and applicable law.

219.2.1 MEDIA REQUEST

Any media request for information or access to this facility shall be referred to the designated Public Information Officer, or if unavailable, to the first available supervisor. Prior to releasing any information to the media, employees shall consider the following:

(a) At no time shall any employee of this office make any comment or release any official information to the media without prior approval from a supervisor or the designated Public Information Officer.

(b) In any situation involving a law enforcement agency, reasonable efforts shall be made to coordinate media releases with the authorized representative of each involved agency prior to the release of any information by this office.

(c) Under no circumstance should any member of this office make any comment to the media regarding any law enforcement or corrections-related incident that does not involve this office without prior approval of the Sheriff or the authorized designee.

219.3 MEDIA ACCESS

Authorized members of the media shall be provided access to scenes of disasters, investigations, emergencies and other law enforcement activities related to this facility, subject to the following conditions:

(a) The media representative shall produce valid press credentials that shall be prominently displayed at all times.

(b) Media representatives may be prevented from interfering with emergency operations and investigations.

1. In situations where media access would reasonably appear to interfere with the facility's security, emergency operations or an investigation, every reasonable effort should be made to provide media representatives with information regarding the incident in such a manner that does not compromise the safety and security of the inmates, staff or the facility itself. All information released to

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the media should be coordinated through the Public Information Officer or other designated spokesperson.

(c) No member of this office shall be subjected to media visits or interviews without the consent of the involved employee.

(d) Media interviews with individuals who are in custody shall not be permitted without the approval of the Sheriff and the express consent of the person in custody. The supervisor shall obtain a signed waiver from the inmate prior to being interviewed, photographed or videotaped.

219.3.1 PROVIDING ADVANCE INFORMATION

To protect the safety and rights of personnel working in this facility, advance information about planned actions by custody personnel, such as movement of persons in custody or the execution of a mass arrest in which field booking is arranged, should not be disclosed to the news media nor should media representatives be invited to be present at such actions except with the prior approval of the Sheriff.

Any exceptions to the above should only be considered for the furtherance of this facility's legitimate purposes. Prior to approving any exception, the Sheriff will consider, at minimum, whether the release of information or the presence of the media would unreasonably endanger any individual, prejudice the rights of any person or is otherwise prohibited by law.

219.4 SCOPE OF INFORMATION SUBJECT TO RELEASE

The Office will maintain a daily log of individuals who are currently in custody or were recently booked. Unless restricted by law and except to the extent that disclosure of a particular item of information would endanger the safety of a person involved in an investigation or would endanger the successful completion of the investigation or a related investigation, the following information on inmates and persons booked is considered public information and can be released upon request (RCW 70.48.100):

(a) The full name and occupation of the inmate

(b) The inmate's physical description, including date of birth

(c) Date and time of arrest

(d) Date and time of booking

(e) Location of arrest

(f) The factual circumstances surrounding the inmate's arrest

(g) All charges the inmate is being held on, including outstanding warrants, probation/ parole holds

(h) Amount of bail

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(i) The time and manner of the inmate's release or the location where the inmate is currently being held

(j) Court appearance dates

(k) Arresting agency

Information on this facility's policies and procedures regarding non-security related matters, (i.e., programs, facility rules and regulations, visitation, health care, religious services) can be released to the general public by any custody staff member. A copy of the applicable portions of this facility's policy and procedures manual can be made available for public review with the approval of the Sheriff.

Any information related to the safety, security and maintenance of order shall be redacted before being provided to the general public. Applicable regulations for the operation of a custody facility can be made available for review by the public and inmates. Inmates can request a copy through the inmate programs staff.

Information related to escapes, suicides or crimes occurring in this facility shall only be released with the approval of the Chief Jail Administrator or the authorized designee.

Identifying information pertaining to a juvenile detainee shall not be publicly released without prior approval of a competent court, except as otherwise authorized by law. Information concerning incidents involving certain sex crimes and other offenses set forth in all applicable laws shall be restricted.

Identifying information concerning deceased individuals shall not be released to the media until notification of next of kin or until otherwise cleared by the coroner's/medical examiner's office or otherwise required by law.

219.4.1 RESTRICTED INFORMATION

It shall be the responsibility of the Chief Jail Administrator or the authorized designee to ensure that restricted information is not inappropriately released to the media by this office. When in doubt, authorized and available legal counsel should be consulted.

Examples of such restricted information include, but are not limited to:

(a) Confidential personnel information concerning staff and volunteers of the Office.

1. The identities of custody personnel involved in major incidents may only be released to the media pursuant to consent of the involved personnel or upon a request processed in accordance with the public records act (RCW 42.56 et seq.).

(b) Criminal history information.

(c) Information that would tend to endanger the safety of any individual or jeopardize the successful completion of any ongoing investigation.

(d) Information pertaining to pending litigation involving this office.

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(e) Information obtained in confidence.

(f) Any information that is otherwise privileged or restricted under state or federal law.

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Community Relations and Public Information

220.1 PURPOSE AND SCOPE

This policy provides guidelines to custody personnel when dealing with the public or interested groups when requests are received to share information about the operations and policies of the facility.

220.2 RESPONSIBILITIES

The Chief Jail Administrator is responsible for ensuring that the following information is public and available to all who inquire about it:

(a) Visitation schedule; this should include days and times visiting is allowed and how many visits inmates may receive, as well as reasons why visiting may be restricted

(b) Telephone and correspondence rules and availability to inmates

(c) A brief description of the education programs

(d) Facility rules and limits of discipline

(e) Access to personal care items for the indigent inmate

(f) Access to medical, mental health and dental care

(g) The process by which inmates are oriented to the facility

This information is to be made available at the jail lobby and assembled into a binder or clearly posted for public viewing. Additionally, these materials are made available to the inmate population in the Inmate Handbook.. At the discretion of the Sheriff, the information may also be made available electronically. No information will be released on persons whose booking process is not completed.

220.3 PROHIBITED MATERIALS

Policies, procedures and other information and materials related to the safety and security of inmates, custody personnel, the facility or the maintenance of order should not be provided as a part of the public information material unless directed by the Chief Jail Administrator.

220.4 TOURS OF THE CUSTODY FACILITY

Tours of this facility may be arranged through the Chief Jail Administrator. Authorized tours are subject to facility rules and restrictions:

(a) Persons who tour this facility must be of an appropriate age as determined by the Sheriff.

(b) A short application form must be completed and a background check for warrants will be conducted before an applicant is approved to participate in a tour.

(c) An oath of confidentiality and acknowledgement of the provisions of the Washington Public Records Act.

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A record of all facility tours should be maintained in accordance with applicable retention requirements (WAC 44-14-03005).

220.5 CONTACTING THE CUSTODY FACILITY

This office provides 24-hour telephone service to the public for information. This informational number is public and the line is staffed by trained personnel during regular business hours.

220.5.1 POLICY

It is the policy of the Island County Sheriff's Office to protect the privacy rights of individuals while releasing non-confidential information to interested groups when requests are received. Information that has the potential to affect the safety and security of the Correctional Facility or an investigation will not be released.

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Victim Notification of Inmate Release

221.1 PURPOSE AND SCOPE

The purpose of this policy is to ensure victims of crimes receive notice when an inmate held for those crimes is released, and that victims receive any other notification required by Washington law.

221.2 POLICY

It is the policy of this office to act in accordance with all laws regarding victim notification.

221.3 PROCEDURE

The Chief Jail Administrator shall ensure that a system is in place for individuals to request release notification on any inmate housed in this facility.

Notification requests or requirements that are known during the booking process should be documented in the appropriate designated section of the inmate's booking file.

In the event that an individual contacts this facility and requests notification on any inmate housed in this facility, staff should notify a supervisor, who will determine whether notifications are required or appropriate, and ensure the notification request and determination is documented in the inmate's file.

221.4 NOTIFICATION

Members tasked with the release of an inmate or investigating an escape shall verify whether there is a required release notification in the inmate's file.

Members shall document notification efforts in the inmate's file.

Unless ordered by the court or a supervisor, no victim information shall be provided to any inmate by any employee or volunteer of this facility. Any unauthorized access or release of victim information is a direct violation of victim confidentiality and applicable policies, and may subject the person releasing the information to disciplinary action, up to and including termination from employment and/or criminal prosecution.

221.4.1 REQUIRED NOTIFICATIONS

The Chief Jail Administrator shall ensure that a system is in place to ensure release and other relevant information is entered into the automated victim information and notification system in a timely and accurate manner (RCW 36.28A.040). The Chief Jail Administrator should ensure that staff who use the automated system receive proper training and that victims who wish to receive notices regarding an inmate's release, classification change, or other information are appropriately instructed on the use of the system.

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Community Service

222.1 PURPOSE AND SCOPE

The purpose of this policy is to establish guidelines for developing community service programs that are intended to provide work opportunities for inmates and needed services to the community.

222.2 POLICY

It is the policy of the Island County Sheriff's Office to promote community service programs that provide work opportunities for inmates and will support public works projects, such as maintenance to county roadways or parks. Activities that benefit individuals, businesses or other private entities that are not considered a public works project are prohibited.

222.3 PROGRAM GUIDELINES

Any community service program is subject to the approval of the Chief Jail Administrator or the authorized designee.

Any such program shall be subject to the following guidelines:

(a) The program complies with all statutes, ordinances, regulations, labor agreements, permissions or restrictions relating to inmates whenever they are assigned to public works and community service projects.

(b) There is an availability of inmates who, as a matter of classification, are deemed to be eligible for participation in the community service program.

(c) The number of work opportunities available in the community will determine the availability of opportunities to participate in the community service program.

(d) Staff assigned to manage the program should strive to develop work assignments that give inmates an opportunity to develop good work habits and attitudes that can be applied to jobs obtained after release.

(e) Victim and community input should be solicited and considered when developing community service programs.

(f) There shall be sufficient staff assigned to supervise inmate work crews.

(g) Inmates shall receive appropriate training for the work assignment and the use of any related tools or equipment.

(h) The inmate workday should approximate the typical workday in the community for the type of work being performed. The normal work hours should not exceed eight hours per shift and must include adequate break and meal time.

(i) Inmate performance while in the program should be regularly evaluated and recorded. Poor performance in the work program or violation of rules may render the inmate ineligible to participate in the work program. Any violation of work rules may result in disciplinary action that may include the loss of credits previously awarded for good

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behavior and work time. Inmates who do not comply with program rules, or for any reason cannot work, will be reclassified in accordance with the policies and procedures of the Island County Sheriff's Office.

(j) The working conditions for any inmate must comply with all applicable federal, state or local work safety laws and regulations.

222.4 SELECTION PROCESS

Participation in any community service program is strictly voluntary. A classification process that clearly describes the criteria for program participation will be developed by the supervisor in charge of the program.

Any inmate desiring to participate in a community service program is subject to the following:

(a) The inmate must submit to a screening process, including a criminal history check, to ensure that his/her criminal history is compatible with work in non-secure areas.

(b) The inmate must agree to participate in a community service program.

Inmates may be charged a fee for participation in the program in order to offset the cost of administration and staffing.

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Vehicle Safety

223.1 PURPOSE AND SCOPE

It is the policy of this office to maintain and operate the vehicles assigned to this facility in a lawful and safe manner. The Office utilizes office-owned motor vehicles for a variety of applications. To maintain a system of accountability and ensure that office-owned vehicles are used appropriately, regulations relating to the use of these vehicles have been established. The term “office-owned” as used in this section also refers to any vehicle leased or rented by the Office.

223.2 USE AND SECURITY OF OFFICE VEHICLES

All staff members who operate office-owned or leased vehicles must comply with all applicable state laws and must possess a valid driver license endorsed for the type of vehicle operated.

A list of individuals who are authorized to drive office vehicles shall be maintained by the Chief Jail Administrator. The list shall be updated monthly to ensure that only qualified personnel who are in possession of a current and appropriately endorsed operator’s license are on the list.

223.2.1 USE OF SEAT BELTS

The use of seat belts and other safety restraints significantly reduces the chance of death or injury in case of a traffic collision. This policy establishes guidelines for seat belt use to promote maximum operator and passenger safety, thus reducing the possibility of death or injury as the result of a motor vehicle collision. This policy will apply to all members operating or riding in office vehicles.

All members shall wear properly adjusted safety restraints when operating or riding in a seat equipped with restraints, in any vehicle owned, leased, or rented by this office, while on- or off-duty, or in any privately owned vehicle while on-duty. The member driving such a vehicle shall ensure that all other occupants, including non-members, are also properly restrained.

Exceptions to the requirement to wear safety restraints may be made only in exceptional situations where, due to unusual circumstances, wearing a seat belt would endanger the member or the public. Members must be prepared to justify any deviation from this requirement.

Whenever possible, inmates should be secured in a prisoner restraint system or, when a prisoner restraint system is not available, by seat belts. The inmate should be in the seating position for which seat belts have been provided by the vehicle manufacturer. The prisoner restraint system is not intended to be a substitute for handcuffs or other appendage restraints.

No person shall operate a leased or office-owned vehicle in which the seat belt in the driver’s position is inoperable. No person shall be transported in a seated position in which the seat belt is inoperable.

No person shall modify, remove, deactivate, or otherwise tamper with the vehicle safety belts, except for vehicle maintenance and repair staff who shall do so only with the express authorization of the Sheriff.

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Members who discover an inoperable restraint system shall report the defect to the appropriate supervisor. Prompt action will be taken to replace or repair the system.

223.2.2 VEHICLE SECURITY
Office vehicles will be locked and the keys will be secured when not in use. The staff will make every effort to ensure that the vehicles are parked in a secure location.

Under no circumstances will inmates be allowed to operate a vehicle or have possession of any vehicle keys. Inmate workers who are assigned to clean vehicles must be closely supervised by staff.

The loss of any vehicle key shall be promptly reported, in writing, to the on-duty supervisor.

223.3 VEHICLE INSPECTIONS
All office-owned vehicles are subject to inspection and or search at any time by a supervisor. No member assigned to or operating such vehicle shall be entitled to any expectation of privacy with respect to the vehicle or any of its contents, regardless of who owns the contents.

223.4 VEHICLE SAFETY REPAIRS
Anyone authorized to drive office vehicles is responsible for assisting in maintaining the vehicles so that they are properly equipped, maintained and refueled and present a clean appearance.

Anyone authorized to drive office vehicles is responsible for inspecting the interior and exterior of any assigned vehicle before placing the vehicle into service and again at the conclusion of his/her shift. Any previously unreported damage, mechanical problems, unauthorized contents or other problems with the vehicle shall be promptly reported to a supervisor and documented as appropriate.

Vehicles that are deemed as unsafe shall not be used until necessary repairs are made. The written request for repairs shall be submitted before the operator checks out a replacement vehicle. The Chief Jail Administrator or the authorized designee shall monitor the maintenance requests and ensure that the necessary repairs are made before the vehicle is placed back into service.

Annual vehicle safety inspections will be conducted on all vehicles that are owned, leased or used by the Office. The inspection will be conducted by a qualified individual designated by the Chief Jail Administrator. Inspection reports will be forwarded to and maintained by the Chief Jail Administrator.

223.5 USE OF PERSONAL VEHICLES
The use of personal vehicles for official business must be approved by the Chief Jail Administrator. The Chief Jail Administrator or the authorized designee shall verify that the personal vehicle meets the state's insurance requirements. A copy of the insurance card shall be retained in facility files. All policies and procedures applicable to facility vehicles shall apply to the personal vehicle while it is being used for official business.

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223.6 COLLISION DAMAGE, ABUSE, AND MISUSE

When a leased or office-owned vehicle is involved in a traffic collision, the involved member shall promptly notify a supervisor. A traffic collision report shall be filed with the agency having jurisdiction. The member shall complete this office's vehicle collision form.

When a traffic collision involves a leased or office-owned vehicle or when a member of this office is an involved driver in a collision that occurs in this jurisdiction, and the collision results in serious injury or death or potentially involves any criminal charge, an outside agency should be summoned to handle the investigation. If the member is incapable of completing this office's vehicle collision form, a supervisor shall complete the form.

Any damage to a vehicle that was not caused by a traffic collision shall be immediately reported during the shift in which the damage was discovered. It shall be documented in memorandum format and forwarded to the Shift Supervisor. An administrative investigation will be conducted to determine if there is any vehicle abuse or misuse. If it is determined that misuse or abuse was a result of negligent conduct or operation, appropriate disciplinary action may result.

223.7 TOLL ROAD USE

Authorized on-duty emergency vehicles are exempt from incurring toll road charges. An authorized emergency vehicle is an on-duty vehicle of the office which is equipped with emergency lights and siren and used to respond to emergency calls (WAC 468-270-030; WAC 468-270-085; WAC 468-270-105).

To avoid unnecessary toll road violation charges, all members operating office-owned vehicles on a toll road shall adhere to the following:

(a) Members operating office-owned vehicles that are not authorized emergency vehicles shall stop and pay the appropriate toll charge.

(b) Members may submit for reimbursement from the Office for any toll fees.

(c) Members in unauthorized emergency vehicles passing through a toll plaza or booth during a response to an emergency shall draft a memo to his/her supervisor within five working days, explaining the circumstances.

223.8 POLICY

The Island County Sheriff's Office provides vehicles for official business use and may assign take-home vehicles based on its determination of operational efficiency, economic impact to the Office, tactical deployments, and other considerations.

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Fitness for Duty

224.1 PURPOSE AND SCOPE

The purpose of this policy is to ensure that all deputies of this office are fit for duty and able to perform their job functions upon hire, and remain fit for duty throughout their employment.

224.2 POLICY

This policy requires all deputies to be free from any physical, emotional or mental condition that might adversely affect their ability to effectively perform their duties throughout their employment.

(a) It shall be the responsibility of each employee of this office to maintain physical, emotional and mental condition sufficient to safely and properly perform the essential duties of his/her job classification.

(b) Each employee of this office shall perform his/her respective duties without physical, emotional and/or mental constraints.

(c) During working hours, all employees are required to be alert, attentive and capable of performing the assigned responsibilities.

(d) Any employee who feels unable to perform his/her duties shall promptly notify a supervisor. In the event that an employee believes another employee is unable to perform his/her duties, such observations and/or belief shall be promptly reported to a supervisor.

224.3 SUPERVISOR RESPONSIBILITIES

(a) A supervisor observing an employee, or receiving a report of an employee who is perceived as being unable to safely perform his/her duties due to a physical, emotional or mental condition, shall take prompt and appropriate action to resolve the situation.

(b) Whenever reasonably feasible, the supervisor shall attempt to ascertain the reason or source of the problem. In all cases a preliminary evaluation should be made to determine the employee's level of inability to perform his/her duties.

(c) In the event the employee appears to be in need of immediate medical or mental health treatment, all reasonable efforts should be made to provide such care.

(d) The employee's Shift Supervisor or the Chief Jail Administrator should determine whether the employee should be temporarily relieved of duty.

(e) The Chief Jail Administrator shall be promptly notified in the event that any employee is relieved of duty.

224.4 NON-WORK RELATED CONDITIONS

Any employee suffering from a non-work related condition that warrants a temporary relief from duty may be required to use sick leave or other paid time off to obtain medical treatment or other reasonable relief from symptoms. If the condition is a serious health condition of the employee

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or a qualified family member, the employee's supervisor should facilitate the employee's contact with the appropriate person to initiate the leave process under the Family Medical Leave Act.

224.5 WORK-RELATED CONDITIONS

Any employee suffering from a work-related condition that warrants temporary relief from duty shall comply with personnel rules and guidelines for processing such claims.

Upon the recommendation of the Shift Supervisor or supervisor, and with the concurrence of the Chief Jail Administrator, any employee whose actions or use of force in an official capacity result in death or serious injury to another may be temporarily removed from regularly assigned duties and/or placed on paid administrative leave for the well-being of the employee, and until such time as the following may be completed:

(a) A preliminary determination indicates that the employee's conduct appears to be in compliance with policy and appropriate for the circumstances.

(b) The employee has had the opportunity to receive necessary counseling and any necessary or required psychological or medical clearance to return to full duty.

224.6 PHYSICAL AND PSYCHOLOGICAL EXAMINATIONS

(a) Whenever circumstances reasonably indicate that the employee may be unfit for duty, the Chief Jail Administrator or the authorized designee may serve that employee with a written order to undergo a physical and/or psychological examination in cooperation with the Department of Human Resources to determine the level of the employee's fitness for duty. The order shall indicate the date, time and place for the examination.

(b) The examining physician or therapist will provide the Office with a report indicating whether the employee is fit for duty. If the employee is not fit for duty, the report should list any functional limitations that restrict his/her ability to perform the job duties. If the employee places his/her condition at issue in any subsequent or related administrative action/grievance, the examining physician or therapist may be required to disclose any information that is relevant to such proceedings.

(c) In order to facilitate the examination of any employee, the Office will provide all appropriate documents and available information to assist in the evaluation and/or treatment.

(d) All reports and evaluations submitted by the treating physician or therapist shall be part of the employee's confidential personnel file.

(e) Any employee ordered to receive a fitness-for-duty examination shall comply with the terms of the order and cooperate fully with the examining physician or therapist regarding any clinical interview, tests administered or other procedures. Any failure to comply with such an order and any failure to cooperate with the examining physician or therapist, including signing of releases, may be deemed insubordination and shall be subject to discipline, up to and including termination.

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(f) Once an employee has been deemed fit for duty by the examining physician or therapist, the employee will be notified to resume his/her duties.

224.7 APPEALS

An employee whose salary is reduced or withheld due to a fitness-for-duty exam shall be entitled to an administrative appeal.

224.8 MEDICAL RECORDS

All employee medical information and records shall be treated as confidential and stored in the employee's separate medical file.

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Staffing Plan

225.1 PURPOSE AND SCOPE

The propose of this policy is to establish a comprehensive staffing plan and analysis to identify staffing needs sufficient to maintain the safety and security of the facility, staff, visitors, inmates and the public.

225.2 POLICY

It is the policy of the Island County Sheriff's Office to ensure the safety, security and efficient operation of this facility by assigning custody personnel according to a detailed staffing plan that is developed and maintained in accordance with law.

225.3 STAFFING PLAN REQUIREMENTS

The Chief Jail Administrator shall ensure that a staffing plan conforming to the class type and size of this facility is prepared and maintained as described in the following section. The plan should detail all custody personnel assignments, including work hours and weekly schedules, and should account for holidays, vacations, training schedules and other atypical situations.

At minimum, the staffing plan will include the following:

- Facility administration and supervision
- Facility programs, including exercise and recreation
- Inmate supervision and custody
- Support services including medical, food services, maintenance and clerical
- Other jail-related functions such as escort and transportation of inmates

225.4 STAFFING ANALYSIS

The Sheriff or the authorized designee shall complete an annual comprehensive staffing analysis to evaluate personnel requirements and available staffing levels. The staffing analysis will be used to determine staffing needs and to develop staffing plans.

This analysis shall include information gathered in collaboration with the health care provider in each facility regarding staffing requirements. The analysis relating to health care personnel shall be annually reviewed for adequacy by the health authority.

The Chief Jail Administrator, in conjunction with the PREA Coordinator, should ensure that staffing levels are sufficient to consistently and adequately fill essential positions, as determined by the staffing plan (28 CFR 115.13). Relief factors for each classification and position should be calculated into the staffing analysis to ensure staffing levels will consistently meet requirements. Staff should be deployed in an efficient and cost-effective manner that provides for the safety and security of the staff, inmates and the public.

The staffing analysis should be used to identify whether required activities are being performed competently and in compliance with current laws and office policies. If deficiencies are noted, the

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staffing analysis should also include recommendations regarding what corrective measures may be needed, including the following:

(a) Operational changes

(b) Equipment requirements

(c) Additional training

(d) Supervisory intervention

(e) Additional personnel

225.4.1 DATA COLLECTION FOR ANALYSIS

The following data should be collected and included in the annual staffing analysis:

- All categories of leave usage for each staff member working in the correctional facility
- Date of hire or assignment to a correctional facility position for each employee
- Date of transfer from the correctional facility to another non-custody position for each member
- Annual hours of authorized overtime expended during the previous year
- Number of part-time or extra personnel hired during the previous year
- Details of any unusual occurrence or significant medical issues in the correctional facility that were related to staffing during the previous year
- Details of claims or litigation, if any, that were related to staffing levels and were initiated against the facility in the previous year
- Labor contracts/collective bargaining agreements relating to corrections and medical personnel
- Annual training requirements that affected staffing levels in the correctional facility
- Concerns expressed by members of the public
- Any investigations or reports by the grand jury or other government agency, correctional facility monitor or ombudsman
- Other data that may influence the number of personnel available to occupy posted positions

225.5 REPORTING

The Sheriff will cause a report of the findings of the staff analysis to be submitted to the officials responsible for funding the correctional facility operation.

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Employee Speech, Expression and Social Networking

226.1 PURPOSE AND SCOPE

This policy is intended to address issues associated with employee use of social networking sites and to provide guidelines for the regulation and balancing of employee speech and expression with the legitimate needs of the Office.

Nothing in this policy is intended to prohibit or infringe upon any communication, speech or expression that is protected or privileged under law. This includes speech and expression protected under state or federal constitutions as well as labor or other applicable laws. For example, this policy does not limit an employee from speaking as a private citizen, including acting as an authorized member of a recognized bargaining unit, about matters of public concern, such as misconduct or corruption.

Employees are encouraged to consult with their supervisor regarding any questions arising from the application or potential application of this policy.

226.1.1 APPLICABILITY

This policy applies to all forms of communication including, but not limited to, film, video, print media, public or private speech, use of all Internet services, including the World Wide Web, e-mail, file transfer, remote computer access, news services, social networking, social media, instant messaging/texting, blogs, forums, video and other file-sharing sites.

226.2 POLICY

Public employees occupy a trusted position in the community, and thus, their statements have the potential to contravene the policies and performance of this office. Due to the nature of the work and influence associated with the law enforcement profession, it is necessary that employees of this office be subject to certain reasonable limitations on their speech and expression. To achieve its mission and efficiently provide service to the public, the Island County Sheriff's Office will carefully balance the individual employee's rights against the Office's needs and interests when exercising a reasonable degree of control over its employees' speech and expression.

226.3 SAFETY

Employees should consider carefully the implications of their speech or any other form of expression when using the Internet. Speech and expression that may negatively affect the safety of the Island County Sheriff's Office employees, such as posting personal information in a public forum, can result in compromising an employee's home address or family ties. Employees should therefore not disseminate or post any information on any forum or medium that could reasonably be anticipated to compromise the safety of any employee, an employee's family or associates. Examples of the type of information that could reasonably be expected to compromise safety include:

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- Disclosing a photograph and name or address of a deputy who is working undercover.
- Disclosing the address of a fellow deputy.
- Otherwise disclosing where another deputy can be located off-duty.

226.4 PROHIBITED SPEECH, EXPRESSION AND CONDUCT

To meet the Office's safety, performance and public-trust needs, the following are prohibited unless the speech is otherwise protected (for example, an employee speaking as a private citizen, including acting as an authorized member of a recognized bargaining unit, on a matter of public concern):

(a) Speech or expression made pursuant to an official duty that tends to compromise or damage the mission, function, reputation or professionalism of the Office or its employees.

(b) Speech or expression that, while not made pursuant to an official duty, is significantly linked to, or related to, the Office and tends to compromise or damage the mission, function, reputation or professionalism of the Office or its employees.. Examples may include: 1. Statements that indicate disregard for the law or the state or U.S. Constitution. 2. Expression that demonstrates support for criminal activity.3. Participating in sexually explicit photographs or videos for compensation or distribution.

(c) Speech or expression that could reasonably be foreseen as having a negative impact on the credibility of the employee as a witness. For example, posting statements or expressions to a website that glorify or endorse dishonesty, unlawful discrimination or illegal behavior.

(d) Speech or expression of any form that could reasonably be foreseen as having a negative impact on the safety of the employees of the correctional facility. For example, a statement on a blog that provides specific details as to how and when prisoner transportations are made could reasonably be foreseen as potentially jeopardizing employees by informing criminals of details that could facilitate an escape or attempted escape.

(e) Speech or expression that is contrary to this office's Code of Ethics.

(f) Use or disclosure, through whatever means, of any information, photograph, video or other recording obtained or accessible as a result of employment with the correctional facility for financial or personal gain, or any disclosure of such materials without the express authorization of the Sheriff or the authorized designee.

(g) Posting, transmitting or disseminating any photographs, video or audio recordings, likenesses or images of office logos, emblems, uniforms, badges, patches, marked vehicles, equipment or other material that specifically identifies the Office on any

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personal or social networking or other website or web page, without the express authorization of the Sheriff.

(h) Accessing websites for non-authorized purposes, or use of any personal communication device, game device or media device, whether personally or office-owned, for personal purposes while on-duty, except in the following circumstances:

1. When brief personal communication may be warranted by the circumstances (e.g., inform family of extended hours).
2. During authorized breaks, however, such usage should be limited as much as practicable to areas out of sight and sound of the public and shall not be disruptive to the work environment.

Employees must take reasonable and prompt action to remove any content that is in violation of this policy and/or posted by others from any web page or website maintained by the employee (e.g., social or personal website).

226.4.1 UNAUTHORIZED ENDORSEMENTS AND ADVERTISEMENTS

While employees are not restricted from engaging in the following activities as private citizens or as authorized members of a recognized bargaining unit, employees may not represent the Island County Sheriff's Office or identify themselves in any way that could be reasonably perceived as representing the Island County Sheriff's Office in order to do any of the following, unless specifically authorized by the Sheriff:

(a) Endorse, support, oppose or contradict any political campaign or initiative.

(b) Endorse, support, oppose or contradict any social issue, cause or religion.

(c) Endorse, support or oppose any product, service, company or other commercial entity.

(d) Appear in any commercial, social or nonprofit publication or any motion picture, film, video, public broadcast or on any website.

Additionally, when it can reasonably be construed that an employee, acting in his/her individual capacity or through an outside group or organization (e.g., bargaining group), is affiliated with this office, the employee shall give a specific disclaiming statement that any such speech or expression is not representative of the Office.

Employees retain their right to vote as they choose, to support candidates of their choice and to express their opinions as private citizens, including as authorized members of a recognized bargaining unit, on political subjects and candidates at all times while off-duty. However, employees may not use their official authority or influence to interfere with or affect the result of an election or a nomination for office. Employees are also prohibited from directly or indirectly using their official authority to coerce, command or advise another employee to pay, lend or contribute anything of value to a party, committee, organization, agency or person for political purposes (5 USC § 1502).

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226.5 PRIVACY EXPECTATION

Employees forfeit any expectation of privacy with regard to anything published or maintained through file-sharing software or any Internet site open to public view (e.g., Facebook, MySpace).

The Office also reserves the right to access, audit and disclose for whatever reason all messages, including attachments, and any information transmitted over any technology that is issued or maintained by the Office, including the office e-mail system, computer network or any information placed into storage on any office system or device.

All messages, pictures and attachments transmitted, accessed or received over office networks are considered office records and, therefore, are the property of the Office. The Office reserves the right to access, audit and disclose for whatever reason all messages, including attachments, that have been transmitted, accessed or received through any office system or device, or any such information placed into any office storage area or device. This includes records of all key strokes or web-browsing history made at any office computer or over any office network. The fact that access to a database, service or website requires a user name or password will not create an expectation of privacy if it is accessed through office computers or networks.

226.6 TRAINING

In determining whether to grant authorization of any speech or conduct that is prohibited under this policy, the factors that the[Chief and Sheriff or authorized designee should consider include:

(a) Whether the speech or conduct would negatively affect the efficiency of delivering public services.

(b) Whether the speech or conduct would be contrary to the good order of the Office or the efficiency or morale of its members.

(c) Whether the speech or conduct would reflect unfavorably upon the Office.

(d) Whether the speech or conduct would negatively affect the member's appearance of impartiality in the performance of his/her duties.

(e) Whether similar speech or conduct has been previously authorized.

(f) Whether the speech or conduct may be protected and outweighs any interest of the Office.

226.7 TRAINING

Subject to available resources, the Office should provide training regarding employee speech and the use of social networking to all members of the office.

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Information Technology Use

227.1 PURPOSE AND SCOPE

This purpose of this policy is to provide guidelines for the proper use of office information technology resources, including computers, electronic devices, hardware, software and systems.

227.1.1 DEFINITIONS

Definitions related to this policy include:

Computer system - All computers (on-site and portable), electronic devices, hardware, software, and resources owned, leased, rented or licensed by the Island County Sheriff's Office that are provided for official use by its members. This includes all access to, and use of, Internet Service Providers (ISP) or other service providers provided by or through the Office or office funding.

Hardware - Includes, but is not limited to, computers, computer terminals, network equipment, electronic devices, telephones including cellular and satellite, pagers, modems or any other tangible computer device generally understood to comprise hardware.

Software - Includes, but is not limited to, all computer programs, systems and applications including "shareware." This does not include files created by the individual user.

Temporary file, permanent file or file - Any electronic document, information or data residing or located, in whole or in part, on the system including, but not limited to, spreadsheets, calendar entries, appointments, tasks, notes, letters, reports, messages, photographs or videos.

227.2 POLICY

Island County Sheriff's Office members shall use information technology resources, including computers, software and systems, that are issued or maintained by the Office in a professional manner and in accordance with this policy.

227.3 PRIVACY EXPECTATION

Members forfeit any expectation of privacy with regard to emails, texts or anything published, shared, transmitted or maintained through file-sharing software or any Internet site that is accessed, transmitted, received or reviewed on any office technology system.

The Office reserves the right to access, audit and disclose, for whatever reason, any message, including attachments, and any information accessed, transmitted, received or reviewed over any technology that is issued or maintained by the Office, including the office e-mail system, computer network or any information placed into storage on any office system or device. This includes records of all key strokes or web-browsing history made at any office computer or over any office network. The fact that access to a database, service or website requires a user name or password will not create an expectation of privacy if it is accessed through office computers, electronic devices or networks.

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227.4 RESTRICTED USE

The offices computer system is restricted to those who are authorized and have passed a background investigation. Members shall not access computers, devices, software or systems for which they have not received prior authorization or the required training. Members shall immediately report unauthorized access or use of computers, devices, software or systems by another member to the Shift Supervisor.

Members shall not use another person’s access passwords, logon information and other individual security data, protocols and procedures unless directed to do so by the Shift Supervisor.

227.4.1 SOFTWARE

Each workstation should have an up-to-date copy of the officeapproved security software. Members shall not copy or duplicate any copyrighted or licensed software except for a single copy for backup purposes, in accordance with the software company’s copyright and license agreement.

To reduce the risk of a computer virus or malicious software infection, members shall not install any unlicensed or unauthorized software on any office computer. Members shall not install personal copies of any software on any office computer. Any files or software that a member finds necessary to install on office computers or networks shall be installed only with the approval of office information systems technology (IT) staff and only after being properly scanned for malicious attachments.

When related to criminal investigations, software program files may be downloaded only with the approval of IT staff and with the authorization of the Sheriff or the authorized designee.

No member shall knowingly make, acquire or use unauthorized copies of computer software that is not licensed to the Office while on office premises, computer system or electronic device. Such unauthorized use of software exposes the Office and involved members to severe civil and criminal penalties.

Introduction of software by members should only occur as a part of the automated maintenance or update process of office- or county-approved or installed programs by the original manufacturer, producer or developer of the software. Any other introduction of software requires prior authorization from IT staff.

227.4.2 HARDWARE

Access to technology resources provided by or through the Office shall be strictly limited to office-related activities. Data stored on or available through office computer systems shall only be accessed by authorized members who are engaged in an active investigation, assisting in an active investigation, or who otherwise have a legitimate law enforcement or office-related purpose to access such data. Any exceptions to this policy must be approved by the Shift Supervisor.

227.4.3 INTERNET USE

Internet access provided by or through the Office shall be strictly limited to office-related activities. Internet sites containing information that is not appropriate or applicable to office use and which

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shall not be intentionally accessed include, but are not limited to, adult forums, pornography, gambling, chat rooms, and similar or related Internet sites. Certain exceptions may be permitted with the express approval of the Shift Supervisor as a function of a member's assignment.

Downloaded information from the Internet shall be limited to messages, mail and data files.

227.4.4 OFF-DUTY USE

Members shall only use technological resources related to their job while on-duty or in conjunction with specific on-call assignments unless specifically authorized by the Shift Supervisor. This includes the use of telephones, cell phones, texting, e-mail or any other "off-the-clock" work-related activities.

227.5 PROTECTION OF SYSTEMS AND FILES

All members have a duty to protect the computer system and related systems and devices from physical and environmental damage and are responsible for the correct use, operation, care and maintenance of the computer system.

Members shall ensure office computers and access terminals are not viewable by persons who are not authorized users. Computers and terminals should be secured, users logged off and password protections enabled whenever the user is not present. Access passwords, logon information and other individual security data, protocols and procedures are confidential information and are not to be shared. Password length, format, structure and content shall meet the prescribed standards required by the computer system or as directed by the Shift Supervisor and shall be changed at intervals as directed by IT staff or the Shift Supervisor.

It is prohibited for a member to allow an unauthorized user to access the computer system at any time or for any reason. Members shall promptly report any unauthorized access to the computer system or suspected intrusion from outside sources (including the Internet) to the Shift Supervisor.

227.6 INSPECTION OR REVIEW

The Shift Supervisor or the authorized designee has the express authority to inspect or review the computer system, all temporary or permanent files, related electronic systems or devices, and any contents thereof, whether such inspection or review is in the ordinary course of his/her duties or based on cause.

Reasons for inspection or review may include, but are not limited to, computer system malfunctions, problems or general computer system failure, a lawsuit against the Office involving one of its members or a member's duties, an alleged or suspected violation of any office policy, request for disclosure of data, or a need to perform or provide a service.

The IT staff may extract, download, or otherwise obtain any and all temporary or permanent files residing or located in or on the office computer system when requested by the Shift Supervisor or during the course of regular duties that require such information.

227.7 SECURITY OF DATA

The Sheriff will select a member of the Office to oversee the security of data.

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The responsibilities of this position include, but are not limited to:

(a) Developing and maintaining security practices and procedures that control access to systems and data to those who are authorized and who have passed background investigation as applicable.

(b) Securing and protecting workstations and data from with security such as anti-virus, anti-malware, anti- spyware, firewalls, etc.

(c) Backing-up data at least weekly and securely storing back-up data.

(d) Developing and maintaining practices and procedures for appropriate destruction of data.

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Body Armor and Reflective Vests

228.1 PURPOSE AND SCOPE

The purpose of this policy is to provide deputies with guidelines for the proper use of body armor and high-visibility vests.

228.2 POLICY

It is the policy of the Island County Sheriff's Office to maximize deputy safety through the use of body armor and high-visibility vests in combination with prescribed safety procedures. While body armor and high-visibility vests provide a significant level of protection, they are not a substitute for the observance of deputy safety procedures.

228.3 ISSUANCE OF BODY ARMOR

The Administration supervisor shall ensure that body armor is issued to all deputies and that, when issued, the body armor meets or exceeds the standards of the National Institute of Justice.

Body armor shall be issued when a deputy begins service at the Island County Sheriff's Office and shall be replaced when the body armor becomes worn or damaged to the point that its effectiveness or functionality has been compromised.

The Sheriff may authorize issuance of body armor to uniformed, non-sworn members whose jobs may make wearing of body armor advisable.

228.3.1 USE OF BODY ARMOR

Generally, the required use of body armor is subject to the following:

(a) Deputies shall only wear office-approved body armor.

(b) Deputies shall wear body armor any time they are in a situation where they could reasonably be expected to take enforcement action.

(c) Deputies shall wear body armor when working in uniform or taking part in office range training. Corrections Deputies are not required to wear body armor while working withing the correction facility, but must don it when working an armed detail.

(d) Deputies are not required to wear body armor when they are functioning primarily in an administrative or support capacity and would not reasonably be expected to take enforcement action.

(e) Deputies may be excused from wearing body armor when they are involved in undercover or plainclothes work that their supervisor determines could be compromised by wearing body armor, or when a supervisor determines that other circumstances make it inappropriate to mandate wearing body armor.

    1. In those instances when body armor is not worn, deputies should have reasonable access to their body armor.

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228.3.2 INSPECTION OF BODY ARMOR
Supervisors should ensure through routine observation and periodic documented inspections that body armor is worn and maintained in accordance with this policy.

Annual inspections of body armor should be conducted by a person trained to perform the inspection for fit, cleanliness and signs of damage, abuse and wear.

228.3.3 CARE AND MAINTENANCE OF BODY ARMOR
The required care and maintenance of body armor is subject to the following:

(a) Deputies are responsible for inspecting their body armor for signs of damage, wear and cleanliness at the start of each shift.
    1. Unserviceable body armor shall be reported to the supervisor.

(b) Deputies are responsible for the proper storage of their body armor.
    1. Body armor should not be stored for an extended period of time in an area where environmental conditions (e.g., temperature, light, humidity) could potentially degrade its effectiveness.

(c) Deputies are responsible for the care and cleaning of their body armor pursuant to the manufacturer's care instructions.
    1. Body armor should not be exposed to any cleaning agents or methods not specifically recommended by the manufacturer.
    2. Failure to follow manufacturer's care instructions may damage the ballistic performance capabilities of the body armor. If care instructions for the body armor cannot be located, the manufacturer should be contacted to request the instructions.

(d) Body armor should be replaced in accordance with the manufacturer's recommended replacement schedule, or when its effectiveness or functionality has been compromised.

228.4 ARMORER RESPONSIBILITIES
The responsibilities of the Armorer include, but are not limited to:

(a) Monitoring technological advances in the body armor industry for any appropriate changes to office-approved body armor.

(b) Assessing the level of weapons and ammunition currently utilized by the public and the suitability of approved body armor to protect against those threats.

(c) Educating deputies about the safety benefits of wearing body armor.

228.5 ISSUANCE OF HIGH-VISIBILITY VESTS
The Office has provided American National Standards Institute (ANSI) Class II high-visibility vests to increase the visibility of office members who may be exposed to hazards presented by passing traffic, maneuvering or operating vehicles, machinery and equipment (23 CFR 655.601). Although intended primarily for use while performing traffic-related assignments, high-visibility vests should be worn any time increased visibility would improve the safety or efficiency of the deputy.

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228.5.1 REQUIRED USE OF HIGH-VISIBILITY VESTS

Except when working in a potentially adversarial or confrontational role, such as during vehicle stops, high-visibility vests should be worn when increased visibility would improve the safety of the office member or when the member will be exposed to the hazards of passing traffic, maneuvering or operating vehicles, machinery and equipment.

Examples of when high-visibility vests should be worn include traffic control duties, accident investigations, lane closures and while at disaster scenes.

When emergency conditions preclude the immediate donning of the vest, deputies should retrieve and wear the vest as soon as conditions reasonably permit.

Use of the vests shall also be mandatory when directed by a supervisor.

228.5.2 CARE AND STORAGE OF HIGH-VISIBILITY VESTS

High-visibility vests shall be maintained in the trunk of each patrol and investigation unit, in the side box of each office motorcycle and in the saddlebag or gear bag of each office bicycle. Each vest should be stored inside the resealable plastic bag provided to protect and maintain the vest in a serviceable condition. Before going into service each employee shall ensure a serviceable high-visibility vest is properly stored.

A supply of high-visibility vests will be maintained in the equipment room for replacement of damaged or unserviceable vests. The Training Manager should be promptly notified whenever the supply of vests in the equipment room needs replenishing.

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Firearms - Corrections Officers

229.1 PURPOSE AND SCOPE

This policy provides guidelines for issuing firearms, the safe and legal carrying of firearms, and firearms maintenance

This policy only applies to those deputies who are authorized to carry firearms (RCW 9.94.050).

229.2 POLICY

The Island County Sheriff's Office will equip its deputies with firearms to address the risks posed to the public and office deputies by violent and sometimes well-armed persons. The Office will ensure firearms are appropriate and in good working order.

229.3 FIREARMS TRAINING

All members who carry a firearm while on-duty are required to successfully complete training annually with their duty firearms. This training can include weapon retention. All members will qualify at least annually with their duty, secondary and off-duty firearms. Qualifications must be on an approved range course.

At least annually, all members carrying a firearm should receive practical training designed to simulate field situations including low-light shooting.

229.4 AUTHORIZED FIREARMS, AMMUNITION, AND OTHER WEAPONS

Deputies shall only use firearms that are issued or approved by the Office and have been thoroughly inspected by the Armorer. Except in an emergency or as directed by a supervisor, no firearm shall be carried by a deputy who has not qualified with that firearm at an authorized office range.

All other weapons not provided by the Office, including but not limited to edged weapons, chemical or electronic weapons, impact weapons, or any weapon prohibited or restricted by law or that is not covered elsewhere by office policy, may not be carried by deputies in the performance of their official duties without the express written authorization of the deputy's Division Chief. This exclusion does not apply to the carrying of a single folding pocketknife that is not otherwise prohibited by facility policy or law.

229.4.1 AMMUNITION

Deputies shall carry only office-authorized ammunition. Deputies shall be issued fresh duty ammunition in the specified quantity for all office-issued firearms during the deputy's firearms qualification. Replacements for unserviceable or depleted ammunition issued by the Office shall be dispensed by the Armorer when needed, in accordance with established policy.

229.5 EQUIPMENT

Firearms carried on- or off-duty shall be maintained in a clean, serviceable condition.

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229.5.1 REPAIRS OR MODIFICATIONS

Each deputy shall be responsible for promptly reporting any damage or malfunction of an assigned firearm to a supervisor or the Armorer.

Firearms may be repaired or modified only by a person who is office-approved and certified as an armorer or gunsmith in the repair of the specific firearm. Such modification or repair must be authorized in advance by the Armorer.

229.5.2 HOLSTERS

Only office-approved holsters shall be used and worn by deputies. Deputies shall periodically inspect their holsters to make sure they are serviceable and provide the proper security and retention of the handgun.

229.6 SAFE HANDLING, INSPECTION, AND STORAGE

Deputies shall maintain the highest level of safety when handling firearms and shall consider the following:

(a) Deputies shall not unnecessarily display or handle any firearm.

(b) Deputies shall be governed by all rules and regulations pertaining to the use of the range and shall obey all orders issued by the Armorer. Deputies shall not dry fire or practice quick draws except under Armorer supervision.

(c) Deputies shall not clean, repair, load, or unload a firearm anywhere in the Office, except where clearing barrels are present.

(d) Shotguns or rifles removed from vehicles or the equipment storage room shall be loaded and unloaded in the parking lot and outside of the vehicle, using clearing barrels.

(e) Deputies shall not place or store any firearm or other weapon on office premises except where the place of storage is locked. No one shall carry firearms into the jail section or any part thereof when securing or processing an arrestee, but shall place all firearms in a secured location. Deputies providing access to the jail section to persons from outside agencies are responsible for ensuring firearms are not brought into the jail section.

(f) Deputies shall not use any automatic firearm, heavy caliber rifle, gas, or other type of chemical weapon or firearm from the armory, except with approval of a supervisor.

(g) Any firearm authorized by the Office to be carried on- or off-duty, that is determined by a deputy to be malfunctioning or in need of service or repair, shall not be carried. It shall be promptly presented to the Office or a Armorer approved by the Department for inspection and repair. Any firearm deemed in need of repair or service by the Armorer will be immediately removed from service. If the firearm is the deputy's primary duty firearm, a replacement firearm will be issued to the deputy until the duty firearm is serviceable.

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229.6.1 INSPECTION AND STORAGE

Handguns shall be inspected regularly and upon access or possession by another person. Shotguns and rifles shall be inspected at the beginning of the shift by the deputy to whom the weapon is issued. The deputy shall ensure that the firearm is carried in the proper condition and loaded with approved ammunition. All firearms shall be pointed in a safe direction or into clearing barrels.

Office-owned firearms shall be stored in the appropriate equipment storage room. Handguns may remain loaded if they are secured in an appropriate holster. Shotguns and rifles shall be unloaded in a safe manner and then stored in the appropriate equipment storage room.

229.6.2 STORAGE AT HOME

Deputies shall ensure that all firearms and ammunition are locked and secured while in their homes, vehicles, or any other area under their control, and in a manner that will keep them inaccessible to children and others who should not have access. Deputies shall not permit office-issued firearms to be handled by anyone not authorized by the Office to do so. Deputies should be aware that negligent storage of a firearm could result in civil liability.

229.6.3 ALCOHOL AND DRUGS

Firearms shall not be carried by any deputy, either on- or off-duty, who has consumed an amount of an alcoholic beverage, has taken any drugs or medication, or has taken any combination thereof that would tend to adversely affect the deputy's senses or judgment.

229.7 FIREARM DISCHARGE

Except during training or recreational use, any deputy who discharges a firearm intentionally or unintentionally, on- or off-duty, shall make a verbal report to their supervisor as soon as circumstances permit. If the discharge results in injury or death to another person, additional statements and reports shall be made in accordance with the office officer-involved shooting protocol. If a firearm was discharged as a use of force, the involved deputy shall adhere to the additional reporting requirements set forth in the Use of Force Policy.

In all other cases, written reports shall be made as follows:

(a) If on-duty at the time of the incident, the deputy shall file a written report with their Division Chief or provide a recorded statement to investigators prior to the end of shift, unless otherwise directed.

(b) If off-duty at the time of the incident, the deputy shall file a written report or provide a recorded statement no later than the end of the next regularly scheduled shift, unless otherwise directed by a supervisor.

229.7.1 WARNING AND OTHER SHOTS

Generally, warning shots or shots fired for the purpose of summoning aid are discouraged and may not be discharged unless the deputy reasonably believes that they appear necessary, effective, and reasonably safe.

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229.8 FLYING WHILE ARMED

The Transportation Security Administration (TSA) has imposed rules governing law enforcement officers flying armed on commercial aircraft. The following requirements apply to deputies who intend to be armed while flying on a commercial air carrier or flights where screening is conducted (49 CFR 1544.219):

(a) Deputies wishing to fly while armed must be flying in an official capacity, not for vacation or pleasure, and must have a need to have the firearm accessible, as determined by the Office based on the law and published TSA rules.

(b) Deputies must carry their Island County Sheriff's Office identification card, bearing the deputy's name, a full-face photograph, identification number, the deputy's signature, and the signature of the Sheriff or the official seal of the Office and must present this identification to airline officials when requested. The deputy should also carry the standard photo identification needed for passenger screening by airline and TSA officials (e.g., driver license, passport).

(c) The Island County Sheriff's Office must submit a National Law Enforcement Telecommunications System (NLETS) message prior to the deputy's travel. If approved, TSA will send the Island County Sheriff's Office an NLETS message containing a unique alphanumeric identifier. The deputy must present the message on the day of travel to airport personnel as authorization to travel while armed.

(d) An official letter signed by the Sheriff authorizing armed travel may also accompany the deputy. The letter should outline the deputy's need to fly armed, detail their itinerary, and include that the deputy has completed the mandatory TSA training for a law enforcement officer flying while armed.

(e) Deputies must have completed the mandated TSA security training covering deputies flying while armed. The training shall be given by the office-appointed instructor.

(f) It is the deputy's responsibility to notify the air carrier in advance of the intended armed travel. This notification should be accomplished by early check-in at the carrier's check-in counter.

(g) Any deputy flying while armed should discreetly contact the flight crew prior to take-off and notify them of their assigned seat.

(h) Discretion must be used to avoid alarming passengers or crew by displaying a firearm. The deputy must keep the firearm concealed on their person at all times. Firearms are not permitted in carry-on luggage and may not be stored in an overhead compartment.

(i) Deputies should try to resolve any problems through the flight captain, ground security manager, TSA representative, or other management representative of the air carrier.

(j) Deputies shall not consume alcoholic beverages while aboard an aircraft, or within eight hours prior to boarding an aircraft.

229.9 CARRYING FIREARMS OUT OF STATE

Qualified, active, full-time deputies of this office are authorized to carry a concealed firearm in all other states subject to the following conditions (18 USC § 926B):

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(a) The deputy shall carry their Island County Sheriff's Office identification card whenever carrying such firearm.

(b) The deputy may not be the subject of any current disciplinary action.

(c) The deputy may not be under the influence of alcohol or any other intoxicating or hallucinatory drug.

(d) The deputy will remain subject to this and all other office policies (including qualifying and training).

Deputies are cautioned that individual states may enact local regulations that permit private persons or entities to prohibit or restrict the possession of concealed firearms on their property, or that prohibit or restrict the possession of firearms on any state or local government property, installation, building, base, or park. Federal authority may not shield a deputy from arrest and prosecution in such locally restricted areas. Active permits from other states are subject to all requirements set forth in 18 USC § 926B.

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Temporary Modified-Duty Assignments

230.1 PURPOSE AND SCOPE

This policy establishes procedures for providing temporary modified-duty assignments. This policy is not intended to affect the rights or benefits of employees under federal or state law, county rules, or current memorandums of understanding or collective bargaining agreements. For example, nothing in this policy affects the obligation of the Office to engage in a good faith, interactive process to consider reasonable accommodations for any employee with a temporary or permanent disability or limitation that is protected under federal or state law.

230.2 POLICY

Subject to operational considerations, the Island County Sheriff's Office may identify temporary modified-duty assignments for employees who have an injury or medical condition resulting in temporary work limitations or restrictions. A temporary assignment allows the employee to work, while providing the Office with a productive employee during the temporary period.

230.3 GENERAL CONSIDERATIONS

Priority consideration for temporary modified-duty assignments will be given to employees with work-related injuries or illnesses that are temporary in nature. Employees having disabilities covered under the Americans with Disabilities Act (ADA) or the Washington Law Against Discrimination shall be treated equally, without regard to any preference for a work-related injury.

No position in the Island County Sheriff's Office shall be created or maintained as a temporary modified-duty assignment.

Temporary modified-duty assignments are a management prerogative and not an employee right. The availability of temporary modified-duty assignments will be determined on a case-by-case basis, consistent with the operational needs of the Office. Temporary modified-duty assignments are subject to continuous reassessment, with consideration given to operational needs and the employee’s ability to perform in a modified-duty assignment.

The Sheriff or the authorized designee may restrict employees working in temporary modified-duty assignments from wearing a uniform, displaying a badge, carrying a firearm, operating an office-owned vehicle, or engaging in outside employment, or may otherwise limit them in employing their peace officer powers.

Temporary modified-duty assignments shall generally not exceed a cumulative total of 1,040 hours in any one-year period.

230.4 PROCEDURE

Employees may request a temporary modified-duty assignment for short-term injuries or illnesses.

Employees seeking a temporary modified-duty assignment should submit a written request to the Chief Jail Administrator or the authorized designee. The request should, as applicable, include a certification from the treating medical professional containing:

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(a) An assessment of the nature and probable duration of the illness or injury.

(b) The prognosis for recovery.

(c) The nature and scope of limitations and/or work restrictions.

(d) A statement regarding any required workplace accommodations, mobility aids, or medical devices.

(e) A statement that the employee can safely perform the duties of the temporary modified-duty assignment.

The Chief Jail Administrator will make a recommendation through the chain of command to the Sheriff regarding temporary modified-duty assignments that may be available based on the needs of the Office and the limitations of the employee. The Sheriff or the authorized designee shall confer with the Department of Human Resources or the County Attorney as appropriate.

Requests for a temporary modified-duty assignment of 20 hours or less per week may be approved and facilitated by the Division Chief or the Chief Jail Administrator, with notice to the Sheriff.

230.5 ACCOUNTABILITY

Written notification of assignments, work schedules, and any restrictions should be provided to employees assigned to temporary modified-duty assignments and their supervisors. Those assignments and schedules may be adjusted to accommodate office operations and the employee’s medical appointments, as mutually agreed upon with the Chief Jail Administrator.

230.5.1 EMPLOYEE RESPONSIBILITIES

The responsibilities of employees assigned to temporary modified duty shall include but are not limited to:

(a) Communicating and coordinating any required medical and physical therapy appointments in advance with their supervisors.

(b) Promptly notifying their supervisors of any change in restrictions or limitations after each appointment with their treating medical professionals.

(c) Communicating a status update to their supervisors no less than once every 30 days while assigned to temporary modified duty.

(d) Submitting a written status report to the Chief Jail Administrator that contains a status update and anticipated date of return to full duty when a temporary modified-duty assignment extends beyond 60 days.

230.5.2 SUPERVISOR RESPONSIBILITIES

The employee’s immediate supervisor shall monitor and manage the work schedule of those assigned to temporary modified duty.

The responsibilities of supervisors shall include but are not limited to:

(a) Periodically apprising the Chief Jail Administrator of the status and performance of employees assigned to temporary modified duty.

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(b) Notifying the Chief Jail Administrator and ensuring that the required documentation facilitating a return to full duty is received from the employee.

(c) Ensuring that employees returning to full duty have completed any required training and certification.

230.6 MEDICAL EXAMINATIONS

Prior to returning to full-duty status, employees shall be required to provide certification from their treating medical professionals stating that they are medically cleared to perform the essential functions of their jobs without restrictions or limitations.

The Office may require a fitness-for-duty examination prior to returning an employee to full-duty status, in accordance with the Fitness for Duty Policy.

230.7 PREGNANCY

If an employee is temporarily unable to perform regular duties due to a pregnancy, childbirth, or a related medical condition, the employee will be treated the same as any other temporarily disabled employee (42 USC § 2000e(k)). A pregnant employee shall not be involuntarily transferred to a temporary modified-duty assignment.

If notified by an employee or the employee's representative regarding a limitation related to pregnancy, childbirth, or related medical conditions, the Office should make reasonable efforts to provide an accommodation for the employee in accordance with federal and state law. The accommodation should be provided without unnecessary delay, as appropriate (42 USC § 2000gg-1; 29 CFR 1636.3; 29 CFR 1636.4; RCW 43.10.005).

230.7.1 NOTIFICATION

Pregnant employees should notify their immediate supervisors as soon as practicable and provide a statement from their medical providers identifying any pregnancy-related job restrictions or limitations. If at any point during the pregnancy it becomes necessary for the employee to take a leave of absence, such leave shall be granted in accordance with the county’s personnel rules and regulations regarding family and medical care leave.

230.8 PROBATIONARY EMPLOYEES

Probationary employees who are assigned to a temporary modified-duty assignment may have their probation extended by a period of time equal to their assignment to temporary modified duty.

230.9 MAINTENANCE OF CERTIFICATION AND TRAINING

Employees assigned to temporary modified duty shall maintain all certification, training, and qualifications appropriate to both their regular and temporary duties, provided that the certification, training, or qualifications are not in conflict with any medical limitations or restrictions. Employees who are assigned to temporary modified duty shall inform their supervisors of any inability to maintain any certification, training, or qualifications.

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Accident, Illness, and Injury Prevention

231.1 PURPOSE AND SCOPE

The purpose of this policy is to establish an ongoing and effective plan to reduce the incidence of illness and injury for members of the Island County Sheriff's Office, in accordance with the requirements of an Accident, Illness, and Injury Prevention Program (AIIPP) (WAC 296-800-140 et seq.).

This policy specifically applies to illness and injury that results in lost time or that requires medical treatment beyond first aid. Although this policy provides the essential guidelines for a plan that reduces illness and injury, it may be supplemented by procedures outside the Custody Manual.

This policy does not supersede, but supplements any related county-wide safety efforts.

231.2 POLICY

The Island County Sheriff's Office is committed to providing a safe environment for its members and visitors and to minimizing the incidence of work-related accidents, illness, and injuries. The Office will establish and maintain an AIIPP and will provide tools, training, and safeguards designed to reduce the potential for accidents, illness, and injuries. It is the intent of the Office to comply with all laws and regulations related to occupational safety.

231.3 ACCIDENT, ILLNESS, AND INJURY PREVENTION PLAN

The Administration Division Chief is responsible for developing an accident, illness, and injury prevention plan that shall include (WAC 296-800-14005):

(a) A description of the entire accident, illness, and injury plan, including workplace safety and health training programs.

(b) A safety orientation that covers all components of the AIIPP.

(c) Regularly scheduled safety meetings.

(d) Posted or distributed safety information (WAC 296-800-19005; WAC 296-800-20005).

(e) A system for members to anonymously inform management about workplace hazards.

(f) Establishment of a safety and health committee that will (WAC 296-800-130):

1. Meet regularly.
2. Prepare a written record of safety and health committee meetings.
3. Review the results of periodic scheduled inspections.
4. Review investigations of accidents and exposures.
5. Make suggestions to command staff for the prevention of future incidents.
6. Review investigations of alleged hazardous conditions.
7. Submit recommendations to assist in the evaluation of member safety suggestions.

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8. Assess the effectiveness of efforts made by the Office to meet applicable standards (WAC 296-800-100 et seq.).

(g) Establishing a process to ensure workplace accidents involving a fatality or in-patient hospitalization of any member are reported as required to the Washington Department of Labor and Industries (WAC 296-27-031).

(h) On-the-job review and training of the practices necessary to perform the initial job assignments in a safe manner and how to properly address hazards.

(i) Instruction on reporting injuries and location of first-aid facilities.

(j) The use and care of required personal protective equipment (PPE).

(k) The proper actions to take during emergencies, including the routes for exiting work areas.

(l) Identification of the hazardous gases, chemicals, or materials, along with the instructions on their safe use and emergency action following accidental exposure.

(m) The development, supervision, implementation, and enforcement of training programs to improve the skill, awareness, and competency of all members regarding occupational safety and health (WAC 296-800-14020).

231.3.1 SAFETY COMMITTEE

The Island County Sheriff's Office maintains a safety committee to communicate and evaluate safety and health issues that may affect members and to promote a safe and healthy work environment. The safety committee should include employee-elected and office-selected members. The number of employee-elected members must equal or exceed the number of office-selected members. A chairperson of the committee shall be elected (WAC 296-800-13020).

The safety committee will:

(a) Review safety and health inspection reports to help correct safety standards.

(b) Evaluate accident investigations conducted since the last meeting to determine if the causes of the unsafe situation were identified and corrected.

(c) Evaluate the AIIPP and discuss recommendations for improvement, if needed.

(d) Document attendance.

(e) Write down the subject discussed.

(f) Prepare minutes of each meeting that shall be made available for review by safety and health consultation personnel of the Washington Department of Labor and Industries.

231.4 DIVISION CHIEF RESPONSIBILITIES

The responsibilities of theDivision Chief include but are not limited to:

(a) Managing, implementing, and enforcing a plan to reduce the incidence of member accident, illness, and injury (WAC 296-800-14025).

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(b) Ensuring that a system of communication is in place that facilitates a continuous flow of safety and health information between supervisors and members. This system shall include:

1. New member orientation that includes a discussion of safety and health policies and procedures.
2. Regular member review of the accident, illness, and injury prevention plan.

(c) Ensuring that all safety and health policies and procedures are clearly communicated and understood by all members.

(d) Taking reasonable steps to ensure that all members comply with safety rules in order to maintain a safe work environment. This includes but is not limited to:

1. Informing members of the accident, illness, and injury prevention guidelines.
2. Recognizing members who perform safe work practices.
3. Ensuring that the member evaluation process includes member safety performance.
4. Ensuring office compliance to meet standards regarding the following:
   (a) Communicable diseases (WAC 296-823-100 et seq.)
   (b) PPE (WAC 296-800-160 et seq.)
   (c) Respiratory protection (WAC 296-800-160)
   (d) First aid (WAC 296-800-150 et seq.)
   (e) Safe workplace (WAC 296-800-110 et seq.)
   (f) Emergency Action Plan and Fire Prevention Plan (WAC 296-24-567) (see the Fire Safety and Evacuation policies).
   (g) Walking-working surfaces (WAC 296-24-735 et seq.; WAC 296-24-740 et seq.).

(e) Making available a form to document inspections, unsafe conditions or work practices, and actions taken to correct unsafe conditions and work practices.

(f) Making available a form to document individual incidents or accidents.

(g) Making available a form to document the safety and health training of each member. This form will include the member's name or other identifier, training dates, type of training, and training providers.

(h) Conducting and documenting a regular review of the illness and injury prevention plan.

231.5 SUPERVISOR RESPONSIBILITIES

Supervisor responsibilities include but are not limited to:

(a) Ensuring member compliance with accident, illness, and injury prevention guidelines and answering questions from members about this policy.

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(b) Training, counseling, instructing, or making informal verbal admonishments any time safety performance is deficient. Supervisors may also initiate discipline when it is reasonable and appropriate under the Standards of Conduct Policy.

(c) Establishing and maintaining communication with members on health and safety issues. This is essential for an injury-free, productive workplace.

(d) Completing required forms and reports relating to accident, illness, and injury prevention; such forms and reports shall be submitted to the Chief Jail Administrator.

(e) Notifying the Chief Jail Administrator when:

1. New substances, processes, procedures, or equipment that present potential new hazards are introduced into the work environment.
2. New, previously unidentified hazards are recognized.
3. Occupational accidents, illnesses, and injuries occur.
4. New and/or permanent or intermittent members are hired or reassigned to processes, operations, or tasks for which a hazard evaluation has not been previously conducted.
5. Workplace conditions warrant an inspection.

231.6 HAZARDS

All members should report and/or take reasonable steps to correct unsafe or unhealthy work conditions, practices, or procedures in a timely manner. Members should make their reports to a supervisor (as a general rule, their own supervisors).

Supervisors should make reasonable efforts to correct unsafe or unhealthy work conditions in a timely manner, based on the severity of the hazard. These hazards should be corrected when observed or discovered, when it is reasonable to do so. When a hazard exists that cannot be immediately abated without endangering members or property, supervisors should protect or remove all exposed members from the area or item, except those necessary to correct the existing condition.

Members who are necessary to correct the hazardous condition shall be provided with the necessary protection.

All significant actions taken and dates they are completed shall be documented on the appropriate form. This form should be forwarded to the Chief Jail Administrator via the chain of command.

The Chief Jail Administrator will take appropriate action to ensure the accident, illness, and injury prevention plan addresses potential hazards upon such notification.

231.7 INSPECTIONS

Safety inspections are crucial to a safe work environment. These inspections identify and evaluate workplace hazards and permit mitigation of those hazards. A hazard assessment checklist should be used for documentation and to ensure a thorough assessment of the work environment.

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The Administration Division Chief shall ensure that the appropriate documentation is completed for each inspection.

231.7.1 EQUIPMENT
Members are charged with daily inspections of their assigned areas and of their PPE as described in the Sanitation Inspections and Daily Activity Logs and Shift Reports policies. Members shall complete the appropriate form if an unsafe condition cannot be immediately corrected. Members should forward this form to their supervisors.

231.8 INVESTIGATIONS

Any member sustaining any work-related illness or injury, as well as any member who is involved in any accident or hazardous substance exposure while on-duty, shall report such event as soon as practicable to a supervisor. Members observing or learning of a potentially hazardous condition are to promptly report the condition to their immediate supervisors.

A supervisor receiving such a report should personally investigate the incident or ensure that an investigation is conducted. Investigative procedures for workplace accidents and hazardous substance exposures should include:

(a) A visit to the accident scene as soon as possible.

(b) An interview of the injured member and witnesses.

(c) An examination of the workplace for factors associated with the accident/exposure.

(d) Determination of the cause of the accident/exposure.

(e) Corrective action to prevent the accident/exposure from reoccurring.

(f) Documentation of the findings and corrective actions taken.

Additionally, the supervisor should proceed with the steps to report an on-duty injury, as required under the Occupational Disease and Work-Related Injury Reporting Policy, in conjunction with this investigation to avoid duplication and ensure timely reporting.

231.9 TRAINING

The Chief Jail Administrator shall work with the Training Manager to provide all members, including supervisors, with training on general and job-specific workplace safety and health practices (WAC 296-800-14020). Training shall be provided:

(a) To supervisors to familiarize them with the safety and health hazards to which members under their immediate direction and control may be exposed.

(b) To all members with respect to hazards specific to each member’s job assignment.

(c) To all members given new job assignments for which training has not previously been provided.

(d) Whenever new substances, processes, procedures, or equipment are introduced to the workplace and represent a new hazard.

(e) Whenever the Office is made aware of a new or previously unrecognized hazard.

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231.9.1 TRAINING TOPICS

The Training Manager shall ensure that training includes:

(a) Reporting unsafe conditions, work practices, and injuries, and informing a supervisor when additional instruction is needed.

(b) Use of appropriate clothing, including gloves and footwear.

(c) Use of respiratory equipment.

(d) Availability of toilet, hand-washing, and drinking-water facilities.

(e) Provisions for medical services and first aid.

(f) Handling of bloodborne pathogens and other biological hazards.

(g) Prevention of heat and cold stress.

(h) Identification and handling of hazardous materials, including chemical hazards to which members could be exposed, and review of resources for identifying and mitigating hazards (e.g., hazard labels, Safety Data Sheets (SDS)).

(i) Mitigation of physical hazards, such as heat and cold stress, noise, and ionizing and non-ionizing radiation.

(j) Identification and mitigation of ergonomic hazards, including working on ladders or in a stooped posture for prolonged periods.

(k) Back exercises/stretches and proper lifting techniques.

(l) Avoidance of slips and falls.

(m) Good housekeeping and fire prevention.

(n) Other job-specific safety concerns.

231.10 RECORDS

Records and training documentation relating to accident, illness, and injury prevention will be maintained in accordance with the established records retention schedule.

Safety committee records shall be retained for a minimum of one year (WAC 296-800-13020).

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Occupational Disease and Work-Related Injury Reporting

232.1 PURPOSE AND SCOPE

The purpose of this policy is to provide guidance regarding the timely reporting of occupational diseases, post-traumatic stress disorder (PTSD), and work-related injuries.

232.1.1 DEFINITIONS

Definitions related to this policy include:

Occupational disease or work-related injury - An injury, disease, PTSD, or infection while acting in the course of employment (RCW 51.08.013; RCW 51.08.100; RCW 51.08.140; RCW 51.08.142).

232.2 POLICY

The Island County Sheriff's Office will address occupational diseases and work-related injuries appropriately, and will comply with applicable state workers' compensation requirements (RCW 51.28.010 et seq.).

232.3 RESPONSIBILITIES

232.3.1 MEMBER RESPONSIBILITIES

Any member sustaining any occupational disease or work-related injury shall report such event as soon as practicable, but within 24 hours, to a supervisor, and shall seek medical care when appropriate.

232.3.2 SUPERVISOR RESPONSIBILITIES

A supervisor learning of any occupational disease or work-related injury should ensure the member receives medical care as appropriate.

Supervisors shall ensure that required documents regarding workers’ compensation are completed and forwarded promptly. Any related countywide disease- or injury- reporting protocol shall also be followed.

Supervisors shall determine whether the Accident, Illness, and Injury Prevention Policy applies and take additional action as required.

232.3.3 CHIEF JAIL ADMINISTRATOR RESPONSIBILITIES

The Chief Jail Administrator who receives a report of an occupational disease or work-related injury should review the report for accuracy and determine what additional action should be taken. The report shall then be forwarded to the Sheriff, the county’s risk management entity, and the Administration Division Chief to ensure any required Department of Labor and Industries reporting is made as required in the accident, illness, and injury prevention plan identified in the Accident, Illness, and Injury Prevention Policy.

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232.3.4 SHERIFF RESPONSIBILITIES

The Sheriff shall review and forward copies of the report to the Department of Human Resources. Copies of the report and related documents retained by the Office shall be filed in the member's confidential medical file.

232.4 OTHER DISEASE OR INJURY

Diseases and injuries caused or occurring on-duty that do not qualify for workers' compensation reporting shall be documented on the designated report of injury form, which shall be signed by a supervisor. A copy of the completed form shall be forwarded to the appropriate Division Chief through the chain of command and a copy sent to the Administration Division Chief.

Unless the injury is extremely minor, this report shall be signed by the affected member, indicating that he/she desired no medical attention at the time of the report. By signing, the member does not preclude his/her ability to later seek medical attention.

232.5 SETTLEMENT OFFERS

When a member sustains an occupational disease or work-related injury that is caused by another person and is subsequently contacted by that person, his/her agent, insurance company, or attorney and offered a settlement, the member shall take no action other than to submit a written report of this contact to his/her supervisor as soon as possible.

232.5.1 NO SETTLEMENT WITHOUT PRIOR APPROVAL

No less than 10 days prior to accepting and finalizing the settlement of any third-party claim arising out of or related to an occupational disease or work-related injury, the member shall provide the Sheriff with written notice of the proposed terms of such settlement. In no case shall the member accept a settlement without first providing written notice to the Sheriff. The purpose of such notice is to permit the county to determine whether the offered settlement will affect any claim the county may have regarding payment for damage to equipment or reimbursement for wages against the person who caused the disease or injury, and to protect the county's right of subrogation, while ensuring that the member's right to receive compensation is not affected.

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Evaluation of Employees

234.1 PURPOSE AND SCOPE

The Office's employee performance evaluation system is designed to record work performance for both the Office and the employee, providing recognition for good work and developing a guide for improvement.

234.2 POLICY

The Island County Sheriff's Office utilizes a performance evaluation report to measure performance and to use as a factor in making personnel decisions that relate to merit increases, promotion, reassignment, discipline, demotion, and termination. The evaluation report is intended to serve as a guide for work planning and review by the supervisor and employee. It gives supervisors a way to create an objective history of work performance based on job standards.

The Office evaluates employees in a nondiscriminatory manner based upon job-related factors specific to the employee's position, without regard to actual or perceived race, ethnicity, national origin, religion, sex, sexual orientation, gender identity or expression, age, disability, pregnancy, genetic information, veteran status, marital status, and any other classification or status protected by law.

234.3 EVALUATION PROCESS

Evaluation reports will cover a specific period of time and should be based on documented performance during that period. Evaluation reports will be completed by each employee's immediate supervisor. Other supervisors directly familiar with the employee's performance during the rating period should be consulted by the immediate supervisor for their input.

All sworn and non-sworn supervisory personnel shall attend an approved supervisory course that includes training on the completion of performance evaluations within one year of the supervisory appointment.

Each supervisor should discuss the tasks of the position, standards of performance expected, and the evaluation criteria with each employee at the beginning of the rating period. Supervisors should document this discussion in the prescribed manner.

Assessment of an employee's job performance is an ongoing process. Continued coaching and feedback provides supervisors and employees with opportunities to correct performance issues as they arise.

Non-probationary employees demonstrating substandard performance shall be notified in writing of such performance as soon as possible in order to have an opportunity to remediate the issues. Such notification should occur at the earliest opportunity, with the goal being a minimum of 90 days written notice prior to the end of the evaluation period.

Employees who disagree with their evaluation and who desire to provide a formal response or a rebuttal may do so in writing in the prescribed format and time period.

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234.3.1

234.4 FULL TIME PROBATIONARY PERSONNEL

Non-sworn personnel are on probation for [12 months] before being eligible for certification as permanent employees. An evaluation is completed monthly for all full-time non-sworn personnel during the probationary period.

Sworn personnel are on probation for [12 months] before being eligible for certification as permanent employees. Probationary deputies are evaluated daily, weekly, and monthly during the probationary period.

234.5 FULL-TIME PERMANENT STATUS PERSONNEL

Permanent employees are subject to three types of evaluations:

Regular - An Employee Performance Evaluation shall be completed once each year by the employee's immediate supervisor on the anniversary of the employee's date of hire except for employees who have been promoted, in which case an Employee Performance Evaluation shall be completed on the anniversary of the employee's date of the last promotion.

Transfer – If an employee transferred from one assignment to another in the middle of an evaluation period and less than six months have transpired since the transfer, then an evaluation shall be completed by the current supervisor with input from the previous supervisor.

Special - A special evaluation may be completed any time the rater and the rater's supervisor feel one is necessary due to employee performance that is deemed less than standard. Generally, the special evaluation will be the tool used to demonstrate those areas of performance deemed less than standard when follow-up action is planned (action plan, remedial training, retraining, etc.). The evaluation form and the attached documentation shall be submitted as one package.

234.5.1 RATINGS CRITERIA

When completing the Employee Performance Evaluation, the rater will place a check mark in the column that best describes the employee's performance. The definition of each rating category is as follows:

Exceeds Standards - Represents performance that is better than expected of a fully competent employee. It is superior to what is expected, but is not of such rare nature to warrant outstanding.

Meets Standards - Is the performance of a fully competent employee. It means satisfactory performance that meets the standards required of the position.

Needs Improvement - Is a level of performance less than that expected of a fully competent employee and less than standards required of the position. A needs improvement rating must be thoroughly discussed with the employee during the review period. Supervisors shall only mark the Needs Improvement section of an evaluation with supporting documentation used during the review period. Supporting documentation shall consist of letters of expectation or other corrective action style documents with clear expectations.

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Space for written comments is provided at the end of the evaluation in the rater comments section. This section allows the rater to document the employee's strengths, weaknesses, and suggestions for improvement. Any rating under any job dimension marked unsatisfactory or outstanding shall be substantiated in the rater comments section.

234.6 EVALUATION INTERVIEW

When the supervisor has completed the preliminary evaluation, the employee shall receive a copy of the evaluation 7 days before the evaluation meeting is scheduled, arrangements shall be made for a private discussion of the evaluation with the employee. The supervisor should discuss the results of the just completed rating period and clarify any questions the employee may have. If the employee has valid and reasonable protests of any of the ratings, the supervisor may make appropriate changes to the evaluation. Areas needing improvement and goals for reaching the expected level of performance should be identified and discussed. The supervisor should also provide relevant counseling regarding advancement, specialty positions and training opportunities. The supervisor and employee will sign and date the evaluation. Permanent employees may also write comments in the Employee Comments section of the performance evaluation report.

234.7 EVALUATION REVIEW

After the supervisor finishes the discussion with the employee, the signed performance evaluation is forwarded to the rater’s supervisor Chief Jail Administrator. The Chief Jail Administrator shall review the evaluation for fairness, impartiality, uniformity, and consistency. The Chief Jail Administrator shall evaluate the supervisor on the quality of ratings given.

234.8 EVALUATION DISTRIBUTION

The original performance evaluation shall be maintained in the employee’s personnel file in the office of the Sheriff for the tenure of the employee’s employment. A copy will be given to the employee and a copy will be forwarded to the county Department of Human Resources.

234.9 REMEDIAL TRAINING

When an employee fails to perform a job function at the level prescribed in this policy manual, remedial training may be necessary to ensure that employee has the knowledge and skills necessary to perform at an acceptable level.

Whenever an employee receives an evaluation rating of needs improvement or unacceptable, receives a Special Evaluation to document a performance deficiency, or is receiving discipline for a performance deficiency, the supervisor should consider whether remedial training would be appropriate to assist the employee in improving their performance.

(a) If remedial training is deemed to be appropriate, the supervisor shall document the following items in a Personnel Improvement Plan (PIP):

    1. The remedial training being provided.

    2. The timeline for providing the training.

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3. The timeline for evaluating the employee’s subsequent performance.
4. The consequences if the employee fails to perform.
5. The desired outcome if the remediation is successful.

(b) Prior to implementing the remedial training, the supervisor shall present the PIP to the employee who shall then be provided with ten days to respond with any objections or other comments.

(c) If the employee fails to provide a timely written response or expresses no desire to respond, the employee’s date and signature shall be affixed to the PIP as agreement to its terms.

(d) If the employee provides a timely written response, any objections shall be adjudicated in accordance with the office's grievance procedure.

The remedial training process is for use with all employees. It is not limited to use with probationary employees.

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Wellness Program

235.1 PURPOSE AND SCOPE

The purpose of this policy is to provide guidance on establishing and maintaining a proactive wellness program for office members.

The wellness program is intended to be a holistic approach to a member's well-being and encompasses aspects such as physical fitness, mental health, and overall wellness.

235.1.1 DEFINITIONS

Definitions related to this policy include:

Critical incident - An event or situation that may cause a strong emotional, cognitive, or physical reaction that has the potential to interfere with daily life.

Critical Incident Stress Debriefing (CISD) - A standardized approach using a discussion format to provide education, support, and emotional release opportunities for members involved in work-related critical incidents.

Peer support - Mental and emotional wellness support provided by peers trained to help members cope with critical incidents and certain personal or professional problems.

Peer supporter - A member or retired member of the Island County Sheriff's Office who has received training to provide emotional support, moral support, and counseling to members who need those services as the result of an incident experienced in an official capacity or to deal with other stress that is impacting the member's performance of official duties. It also includes a non-employee counselor who has been designated by the Island County Sheriff's Office to provide those same services (RCW 5.60.060).

235.2 POLICY

It is the policy of the Island County Sheriff's Office to prioritize member wellness to foster fitness for duty and support a healthy quality of life for office members. The Office will maintain a wellness program that supports its members with proactive wellness resources, critical incident response, and follow-up support.

235.3 WELLNESS COORDINATOR

The Sheriff should appoint a trained wellness coordinator. The coordinator should report directly to the Sheriff or the authorized designee and should collaborate with advisers (e.g., Department of Human Resources, legal counsel, licensed psychotherapist, qualified health professionals), as appropriate, to fulfill the responsibilities of the position, including but not limited to:

(a) Identifying wellness support providers (e.g., licensed psychotherapists, external peer support providers, physical therapists, dietitians, physical fitness trainers holding accredited certifications).

1. As appropriate, selected providers should be trained and experienced in providing mental wellness support and counseling to public safety personnel.

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2. When practicable, the Office should not use the same licensed psychotherapist for both member wellness support and fitness-for-duty evaluations.

(b) Developing management and operational procedures for office peer support members, such as:

1. Peer support member selection and retention.
2. Training and applicable certification requirements.
3. Deployment.
4. Managing potential conflicts between peer support members and those seeking service.
5. Monitoring and mitigating peer support member emotional fatigue (i.e., compassion fatigue) associated with providing peer support.
6. Using qualified peer support personnel from other public safety agencies or outside organizations for office peer support, as appropriate.

(c) Verifying members have reasonable access to peer support or licensed psychotherapist support.

(d) Establishing procedures for CISDs, including:

1. Defining the types of incidents that may initiate debriefings.
2. Steps for organizing debriefings.

(e) Facilitating the delivery of wellness information, training, and support through various methods appropriate for the situation (e.g., phone hotlines, electronic applications).

(f) Verifying a confidential, appropriate, and timely employee assistance program (EAP) is available for members. This also includes:

1. Obtaining a written description of the program services.
2. Providing for the methods to obtain program services.
3. Providing referrals to the EAP for appropriate diagnosis, treatment, and follow-up resources.
4. Obtaining written procedures and guidelines for referrals to, or mandatory participation in, the program.
5. Obtaining training for supervisors in their role and responsibilities, and identification of member behaviors that would indicate the existence of member concerns, problems, or issues that could impact member job performance.

(g) Assisting members who have become disabled with their application for federal government benefits such as those offered through the Public Safety Officers' Benefits Program (34 USC § 10281 et seq.).

(h) Assisting qualified members and survivors with application for other benefits, wellness support, and counseling services, as applicable, when there has been a member death.

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235.4 OFFICE PEER SUPPORT

235.4.1 PEER SUPPORT MEMBER SELECTION CRITERIA
The selection of any office peer support member will be at the discretion of the coordinator. Selection should be based on the member's:

- Desire to be a peer support member.
- Experience or tenure.
- Demonstrated ability as a positive role model.
- Ability to communicate and interact effectively.
- Evaluation by supervisors and any current peer support members.

235.4.2 PEER SUPPORT MEMBER RESPONSIBILITIES
The responsibilities of office peer support members include:

(a) Providing pre- and post-critical incident support.

(b) Presenting office members with periodic training on wellness topics, including but not limited to:

1. Stress management.
2. Suicide prevention.
3. How to access support resources.

(c) Providing referrals to licensed psychotherapists and other resources, where appropriate.

1. Referrals should be made to office-designated resources in situations that are beyond the scope of the peer support member's training.

235.4.3 PEER SUPPORT MEMBER TRAINING
Every office peer support member should complete office-approved training prior to being assigned.

235.5 CRITICAL INCIDENT STRESS DEBRIEFINGS

A Critical Incident Stress Debriefing should occur as soon as practicable following a critical incident. The coordinator is responsible for organizing the debriefing. Notes and recorded statements shall not be taken because the sole purpose of the debriefing is to help mitigate the stress-related effects of a critical incident.

The debriefing is not part of any investigative process. Care should be taken not to release or repeat any communication made during a debriefing unless otherwise authorized by policy, law, or a valid court order.

Attendance at the debriefing should only include peer support members and/or peer supporters, and those directly involved in the incident.

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235.6 PEER SUPPORT COMMUNICATIONS

Although the Office will honor the sensitivity of communications with peer support members, such communications are not confidential except:

- Communications between a qualified peer supporter and a member are considered to be privileged except where allowed by law (RCW 5.60.060).
- Communications to crisis referral services by members and all records related to the communications shall be confidential except as allowed by RCW 43.101.425.

235.7 PHYSICAL WELLNESS PROGRAM

The coordinator is responsible for establishing guidelines for any on-duty physical wellness program, including the following:

(a) Voluntary participation by members

(b) Allowable physical fitness activities

(c) Permitted times and locations for physical fitness activities

(d) Acceptable use of office-provided physical fitness facilities and equipment

(e) Individual health screening and fitness assessment

(f) Individual education (e.g., nutrition, sleep habits, proper exercise, injury prevention) and goal-setting

(g) Standards for physical fitness incentive programs. The coordinator should collaborate with the appropriate entities (e.g., human resources, legal counsel) to verify that any standards are nondiscriminatory.

(h) Maintenance of physical wellness logs (e.g., attendance, goals, standards, progress)

(i) Ongoing support and evaluation

235.8 WELLNESS PROGRAM AUDIT

At least annually, the coordinator or the authorized designee shall audit the effectiveness of the office's wellness program and prepare a report summarizing the findings. The report shall not contain the names of members participating in the wellness program, and should include the following information:

- Data on the types of support services provided
- Wait times for support services
- Participant feedback, if available
- Program improvement recommendations
- Policy revision recommendations

The coordinator should present the completed audit to the Sheriff for review and consideration of updates to improve program effectiveness.

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235.9 TRAINING

The coordinator or the authorized designee should collaborate with the Training Manager to provide all members with regular education and training on topics related to member wellness, including but not limited to:

- The availability and range of office wellness support systems.
- Suicide prevention.
- Recognizing and managing mental distress, emotional fatigue, post-traumatic stress, and other possible reactions to trauma.
- Alcohol and substance disorder awareness.
- Countering sleep deprivation and physical fatigue.
- Anger management
- Marriage and family wellness.
- Benefits of physical exercise and proper nutrition.
- Effective time and personal financial management skills.

Training materials, curriculum, and attendance records should be forwarded to the Training Manager as appropriate for inclusion in training records.

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Personal Communication Devices

236.1 PURPOSE AND SCOPE

The purpose of this policy is to establish guidelines for the use of mobile telephones and communication devices, whether issued or funded by the Office or personally owned, while on-duty or when used for authorized work-related purposes.

This policy generically refers to all such devices as Personal Communication Devices (PCDs) but is intended to include all mobile telephones, personal digital assistants (PDAs), wireless-capable tablets, and similar wireless two-way communications and/or portable internet-access devices. PCD use includes but is not limited to placing and receiving calls, text messaging, blogging and microblogging, emailing, using video or camera features, playing games, and accessing sites or services on the internet.

236.2 POLICY

The Island County Sheriff's Office allows members to utilize office-issued or funded PCDs and to possess personally owned PCDs in the workplace, subject to certain limitations. Any PCD used while on- or off-duty for business-related purposes, or reasonably associated with work-related misconduct, will be subject to monitoring and inspection consistent with applicable law and this policy.

Additionally, the use of a PCD either on-duty or after duty hours for business-related purposes, or reasonably associated with work-related misconduct, may subject the member and the member's PCD records to civil or criminal discovery or disclosure under applicable public records laws.

Members who have questions regarding the application of this policy or the guidelines contained herein are encouraged to seek clarification from supervisory staff.

236.3 PRIVACY EXPECTATION

Members forfeit any expectation of privacy with regard to any communication accessed, transmitted, received, or reviewed on any PCD issued or funded by the Office and shall have no expectation of privacy in their location should the device be equipped with location-detection capabilities. This includes records of all keystrokes or web-browsing history made on the PCD. The fact that access to a database, service, or website requires a username or password will not create an expectation of privacy if it is accessed through office PCDs or networks (see the Information Technology Use Policy for additional guidance).

Members have no expectation of privacy regarding any communications while using a personally owned PCD for office-related business or when the use reasonably implicates work-related misconduct.

236.4 AGENCYOFFICE-ISSUED PCD

Depending on a member's assignment and the needs of the position, the Office may, at its discretion, issue or fund a PCD for the member's use to facilitate on-duty performance. Office-issued or funded PCDs may not be used for personal business either on- or off-duty unless

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authorized by the Sheriff or the authorized designee. Such devices and the associated telephone number, if any, shall remain the sole property of the Office and shall be subject to inspection or monitoring (including all related records and content) at any time without notice and without cause.

Unless a member is expressly authorized by the Sheriff or the authorized designee for off-duty use of the PCD, the PCD will be either secured in the workplace at the completion of the tour of duty or turned off when leaving the workplace.

236.5 PERSONALLY OWNED PCD

Members may carry a personally owned PCD while on-duty, subject to the following conditions and limitations:

(a) Permission to carry a personally owned PCD may be revoked if it is used contrary to provisions of this policy.

(b) The Office accepts no responsibility for loss of or damage to a personally owned PCD.

(c) The PCD and any associated services shall be purchased, used, and maintained solely at the member's expense.

(d) The device should not be used for work-related purposes except in exigent circumstances (e.g., unavailability of office communications) or as otherwise authorized by office procedures.

1. Use of a personally owned PCD for work-related business constitutes consent for the Office to access the PCD to inspect and copy the work-related data (e.g., for litigation purposes, public records retention and release obligations, internal investigations).

2. Use of, and data within, a personally owned PCD may be discoverable in cases when there is reason to believe it is associated with work-related misconduct.

3. Searches of a personally owned PCD by the Office should be limited to those matters reasonably associated with the work-related business or work-related misconduct.

(e) The device shall not be utilized to record or disclose any office business-related information, including photographs, video, or the recording or transmitting of any information or material obtained or made accessible as a result of employment or appointment with the Office, without the express authorization of the Sheriff or the authorized designee.

(f) If the PCD is carried on-duty, members will provide the Office with the telephone number of the device.

(g) All work-related documents, emails, photographs, recordings, or other public records created or received on a member's personally owned PCD should be transferred to the Island County Sheriff's Office and deleted from the member's PCD as soon as reasonably practicable but no later than the end of the member's shift.

Except with prior express authorization from their supervisors, members are not obligated or required to carry, access, monitor, or respond to electronic communications using a

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personally owned PCD while off-duty. If a member is in an authorized status that allows for appropriate compensation consistent with policy or existing collective bargaining agreements or memorandums of understanding, or if the member has prior express authorization from their supervisor, the member may engage in office business-related communications. Should members engage in such approved off-duty communications or work, members entitled to compensation shall promptly document the time worked and communicate the information to their supervisors to ensure appropriate compensation. Members who independently document off-duty office-related business activities in any manner shall promptly provide the Office with a copy of such records to ensure accurate recordkeeping.

236.6 USE OF PCD

The following protocols shall apply to all PCDs that are carried while on-duty or used to conduct office business:

(a) A PCD shall not be carried in a manner that allows it to be visible while in uniform unless it is in an approved carrier.

(b) All PCDs in the workplace shall be set to silent or vibrate mode.

(c) A PCD may not be used to conduct personal business while on-duty except for brief personal communications (e.g., informing family of extended hours). Members shall endeavor to limit their use of PCDs to authorized break times unless an emergency exists.

(d) Members may use a PCD to communicate with other personnel in situations where the use of radio communications is either impracticable or not feasible. PCDs should not be used as a substitute for, as a way to avoid, or in lieu of regular radio communications.

(e) Members are prohibited from taking pictures, audio or video recordings, or making copies of any such picture or recorded media unless it is directly related to official office business. Disclosure of any such information to any third party through any means requires the express authorization of the Sheriff or the authorized designee.

(f) Members will not access social networking sites for any purpose that is not official office business. This restriction does not apply to a personally owned PCD used during authorized break times.

(g) Using PCDs to harass, threaten, coerce, or otherwise engage in inappropriate conduct with any third party is prohibited. Any member having knowledge of such conduct shall promptly notify a supervisor.

236.7 SUPERVISOR RESPONSIBILITIES

The responsibilities of supervisors include but are not limited to:

(a) Ensuring that members under their command are provided appropriate training on the use of PCDs consistent with this policy.

(b) Monitoring, to the extent practicable, PCD use in the workplace and taking prompt corrective action if a member is observed or reported to be improperly using a PCD.

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1. An investigation into improper conduct should be promptly initiated when circumstances warrant.
2. Before conducting any administrative search of a member's personally owned device, supervisors should consult with the Sheriff or the authorized designee.

236.8 OFFICIAL USE

Members are reminded that PCDs are not secure devices and conversations may be intercepted or overheard. Caution should be exercised while using PCDs to ensure that sensitive information is not inadvertently transmitted. As soon as reasonably possible, members shall conduct sensitive or private communications on a land-based or other office communications network.

236.9 USE WHILE DRIVING

The use of a PCD while driving can adversely affect safety, cause unnecessary distractions, and present a negative image to the public. Members operating office vehicles should restrict the use of these devices to matters of an urgent nature and should, where practicable, stop the vehicle at an appropriate location to use the PCD.

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Chapter 3 - Recruitment Selection and Planning

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Employee Orientation

301.1 PURPOSE AND SCOPE

The purpose of this policy is to define the parameters for new employee orientation. The purpose of the orientation is to provide new employees with basic information about the facility and the environment in which they will be working. Orientation is not meant to supplant other basic training required by law, ordinance or regulations.

301.2 NEW EMPLOYEE ORIENTATION

Each new facility employee shall receive an orientation prior to assuming his/her duties. At a minimum, the orientation shall include:

- Working conditions
- Code of ethics
- Personnel policy manual
- Employee rights and responsibilities
- Overview of the criminal justice system
- Tour of the facility
- Facility goals and objectives
- Facility organization
- Staff rules and regulations
- Program overview

301.3 EMPLOYEE ACKNOWLEDGEMENTS

Office personnel assigned to provide the new employee orientation will ensure that each new employee is given copies of work rules and regulations, office ethics, and any other office documents, for which the employee will be held accountable.

A staff member will collect a signature page from the employee, acknowledging receipt, review and understanding of the documents. A copy of the signature page shall be retained in the employee's personnel file in accordance with established records retention schedules (WAC 44-14-03005).

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Continuing Education and Professional Development

302.1 PURPOSE AND SCOPE

This policy is designed to support the continuing education and professional development of office personnel at all levels.

302.2 OBJECTIVES

The objective for continuing education and professional development is for all members to enhance their knowledge and skills to their fullest potential.

Members who engage in furthering their education in conjunction with skills-based training make for well-rounded employees who can better serve the mission of the Office and the community.

Supervisors should accommodate, to the extent feasible and schedules permitting, requests by personnel for shift adjustments and available leave time to assist personnel with their continuing education and professional development efforts.

302.3 POLICY

It is the policy of the Island County Sheriff's Office to encourage members to participate in continuing education and professional development opportunities whenever practicable.

The Office encourages all personnel to participate in formal education on a continuing basis.

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Correctional Facility Training Officer

304.1 PURPOSE AND SCOPE

The correctional facility training officer (TO) program is intended to provide a standardized program to facilitate the deputy's transition from the academic setting to the actual performance of general corrections duties.

304.2 TRAINING OFFICER

The TO is an experienced deputy trained in the art and science of supervising, training, and evaluating entry-level deputies in the application of their previously acquired knowledge and skills.

304.2.1 SELECTION PROCESS

TOs will be selected based on certain requirements, including:

(a) A desire to perform the training mission.

(b) A minimum of three years as a deputy.

(c) A demonstrated ability to be a positive role model.

(d) Successfully passed an internal selection process.

(e) An evaluation by supervisors and current TOs.

(f) A certificate from the state's law enforcement certifying agency, where applicable.

304.2.2 TRAINING

All TOs shall successfully complete a 40-hour course of instruction prior to being assigned a trainee.

All TOs must complete DACOTA assigned course work every three years while assigned to the position of TO.

304.3 TRAINING OFFICER RESPONSIBILITIES

The TO's responsibilities include the following:

(a) TOs shall complete and submit a written evaluation on the performance of their assigned trainees to the TO's immediate supervisor on a daily basis.

(b) TOs shall review the performance evaluations with the trainees each day.

(c) TOs shall complete a detailed end-of-phase performance evaluation on the assigned trainee at the end of each phase of training.

(d) TOs shall be responsible for signing off all completed topics contained in the training manual, noting the methods of learning and evaluating the performance of the assigned trainee.

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304.4 TRAINING OFFICER PROGRAM SUPERVISOR

The TO program supervisor will be selected by the Chief Jail Administrator or the authorized designee and shall possess a supervisory certificate from the Washington State Criminal Justice Training Commission (WAC 139-25-110). The supervisor's responsibilities include the following:

(a) Assign trainees to TOs

(b) Conduct TO meetings

(c) Maintain and ensure TO/trainee performance evaluations are completed in a timely manner

(d) Maintain, update, and issue the training manual to each trainee

(e) Monitor individual TO performance

(f) Monitor the overall TO program

(g) Develop ongoing training for TOs

304.5 POLICY

It is the policy of this office to assign all new deputies to a structured correctional facility TO program that is designed to prepare the new deputy to perform in a custody assignment and to provide training on all skills needed to operate in a safe, productive, and professional manner.

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Recruitment and Selection

305.1 PURPOSE AND SCOPE

This policy provides a framework for employee recruiting efforts and identifying job-related standards for the selection process. This policy supplements the rules that govern employment practices for the Island County Sheriff's Office and that are promulgated and maintained by the Department of Human Resources.

305.2 EMPLOYMENT STANDARDS

All candidates shall meet the minimum standards required by state law (RCW 43.101.095; RCW 43.101.200). Candidates will be evaluated based on merit, ability, competence, and experience, in accordance with the high standards of integrity and ethics valued by the Office and the community.

Validated, job-related, and nondiscriminatory employment standards shall be established for each job classification and shall minimally identify the training, abilities, knowledge, and skills required to perform the position’s essential duties in a satisfactory manner. Each standard should include performance indicators for candidate evaluation. The Department of Human Resources should maintain validated standards for all positions.

305.2.1 STANDARDS FOR DEPUTIES

Candidates shall meet the minimum standards established by the CJTC (RCW 43.101.095):

(a) Be eligible for CJTC certification

(b) Submit to a psychological evaluation conducted by a licensed psychologist or psychiatrist

(c) Submit to a polygraph examination conducted by a qualified technician

(d) Submit to a criminal history check

(e) Not been convicted of a felony offense

(f) For peace officers, be eligible to work under federal law as a U.S. citizen, lawful permanent resident, or Deferred Action for Childhood Arrivals (DACA) recipient

(g) For corrections officers, be eligible to work under federal law as a U.S. citizen or have legal authorization to work in the United States

305.3 OATH OF OFFICE

Deputies of this office are sworn to uphold the federal and state constitutions and to enforce federal, state, and local laws.

Upon employment, all sworn employees shall be required to affirm the oath of office expressing commitment and intent to respect constitutional rights in discharging the duties of a law enforcement officer.

All sworn employees shall comply with the oath of office and agency policies, including the duty to be truthful and honest in the conduct of official business.

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305.4 POLICY

In accordance with applicable federal, state, and local law, the Island County Sheriff's Office provides equal opportunities for applicants and employees, regardless of actual or perceived race, ethnicity, national origin, religion, sex, sexual orientation, gender identity or expression, age, disability, pregnancy, genetic information, veteran status, marital status, and any other classification or status protected by law. The Office does not show partiality or grant any special status to any applicant, employee, or group of employees unless otherwise required by law.

The Office will recruit and hire only those individuals who demonstrate a commitment to service and who possess the traits and characteristics that reflect personal integrity and high ethical standards.

305.5 RECRUITMENT

The Administration Division Chief should employ a comprehensive recruitment and selection strategy to recruit and select employees from a qualified and diverse pool of candidates. The strategy should include:

(a) Identification of racially and culturally diverse target markets.

(b) Use of marketing strategies to target diverse applicant pools.

(c) Expanded use of technology and maintenance of a strong internet presence. This may include an interactive office website and the use of office-managed social networking sites, if resources permit.

(d) Expanded outreach through partnerships with media, community groups, citizen academies, local colleges, universities, and the military.

(e) Employee referral and recruitment incentive programs.

(f) Consideration of shared or collaborative regional testing processes.

The Administration Division Chief shall avoid advertising, recruiting, and screening practices that tend to stereotype, focus on homogeneous applicant pools, or screen applicants in a discriminatory manner.

The Administration Division Chief should strive to facilitate and expedite the screening and testing process, and should periodically inform each candidate of his/her status in the recruiting process.

305.6 SELECTION PROCESS

The Office shall actively strive to identify a diverse group of candidates who have in some manner distinguished themselves as being outstanding prospects.

Minimally, the Office should employ a comprehensive screening, background investigation, and selection process that assesses cognitive and physical abilities and includes review and verification of the following:

(a) A comprehensive application for employment (including previous employment, references, current and prior addresses, education, military record)

(b) Driving record

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(c) Reference checks

(d) Employment eligibility, including U.S. Citizenship and Immigration Services (USCIS) Employment Eligibility Verification Form I-9 and acceptable identity and employment authorization documents. This required documentation should not be requested until a candidate is hired. This does not prohibit obtaining documents required for other purposes

(e) Information obtained from public internet sites

(f) Financial history consistent with the Fair Credit Reporting Act (FCRA) (15 USC § 1681 et seq.)

(g) Local, state, and federal criminal history record checks

(h) Polygraph or voice stress analyzer examination (when legally permissible) (RCW 43.101.095; WAC 139-07-040)

(i) Medical and psychological examination (may only be given after a conditional offer of employment) The Island County Sheriff's Office requires that the medical, psychological and U/A exam be completed by licensed physicians for each candidate for a sworn position before appointment.

(j) Review board or selection committee assessment

305.6.1 VETERAN PREFERENCE

The Office will provide veteran preference percentages as required (RCW 41.04.010).

305.7 BACKGROUND INVESTIGATION

Every candidate shall undergo a thorough background investigation to verify their personal integrity and high ethical standards, and to identify any past behavior that may be indicative of the candidate's unsuitability to perform duties relevant to the operation of the Island County Sheriff's Office (RCW 43.101.095; WAC 139-07-020).

305.7.1 NOTICES

Background investigators shall ensure that investigations are conducted and notices provided in accordance with the requirements of the FCRA (15 USC § 1681d).

305.7.2 REVIEW OF SOCIAL MEDIA SITES

Due to the potential for accessing unsubstantiated, private, or protected information, the Office shall not require candidates to provide passwords, account information, or access to password-protected social media accounts (RCW 49.44.200).

The Administration Division Chief should consider utilizing the services of an appropriately trained and experienced third party to conduct open-source, internet-based searches and/or review information from social media sites to ensure that:

(a) The legal rights of candidates are protected.

(b) Material and information to be considered are verified, accurate, and validated.

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(c) The Office fully complies with applicable privacy protections and local, state, and federal law.

Regardless of whether a third party is used, the Office should ensure that potentially impermissible information is not available to any person involved in the candidate selection process.

305.7.3 RECORDS RETENTION

The background report and all supporting documentation shall be maintained in accordance with the established records retention schedule.

305.7.4 DOCUMENTING AND REPORTING

The background investigator shall summarize the results of the background investigation in a report that includes sufficient information to allow the reviewing authority to decide whether to extend a conditional offer of employment. The report shall not include any information that is prohibited from use, including that from social media sites, in making employment decisions. The report and all supporting documentation shall be included in the candidate's background investigation file.

305.7.5 BACKGROUND CERTIFICATION

Upon completion of the background investigation of a candidate who has received a conditional offer of employment with the Island County Sheriff's Office, the background investigator shall certify to the Washington State Criminal Justice Training Commission (CJTC) that the background check is completed and there is no information found that would disqualify the candidate from certification and the candidate is suitable for employment as a deputy (RCW 43.101.095).

305.8 DISQUALIFICATION GUIDELINES

As a general rule, performance indicators, candidate information, and records shall be evaluated by considering the candidate as a whole, and taking into consideration the following:

- Age at the time the behavior occurred
- Passage of time
- Patterns of past behavior
- Severity of behavior
- Probable consequences if past behavior is repeated or made public
- Likelihood of recurrence
- Relevance of past behavior to public safety employment
- Aggravating and mitigating factors
- Other relevant considerations

A candidate's qualifications will be assessed on a case-by-case basis, using a totality-of-the-circumstances framework.

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305.8.1 MANDATORY DISQUALIFICATION

No members or contractors shall be hired who have (28 CFR 115.17):

(a) Engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 USC § 1997).

(b) Been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, by overt or implied threats of force, or by coercion, or if the victim did not consent, or was unable to consent or refuse.

(c) Been civilly or administratively adjudicated to have engaged in the activity described in paragraph (b) of this section.

The Office shall ask all candidates who may have contact with inmates to disclose any conduct described above in written applications or interviews. Material omissions regarding such misconduct, or the provision of materially false information, are grounds for termination.

The Office shall make reasonable efforts to contact prior institutions that the candidate has been employed by to inquire about sexual abuse allegations in accordance with 28 CFR 115.17.

305.9 PROBATIONARY PERIODS

The Administration Division Chief should coordinate with the Island Department of Human Resources to identify positions subject to probationary periods and procedures for:

(a) Appraising performance during probation.

(b) Assessing the level of performance required to complete probation.

(c) Extending probation.

(d) Documenting successful or unsuccessful completion of probation.

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Training

306.1 POLICY

It is the policy of this office to assign all new corrections deputies to a structured correctional facility training program designed to prepare the new deputy to perform in a correctional assignment with the skills needed to operate in a safe, productive, and professional manner.

306.2 PURPOSE AND SCOPE

This policy establishes training requirements and guidelines for deputies, support personnel, supervisors, and managers. The policy addresses the training program and the probationary evaluation.

306.3 MINIMUM TRAINING REQUIREMENTS

All members, full- or part-time, shall successfully complete all initial, annual, and advanced training as required by the Island County Sheriff's Office.

Deputies shall begin training as described in RCW 43.101.220 and in accordance with WAC 139-10-210, within the initial six months of employment, unless an extension or waiver has been granted by the Criminal Justice Training Commission (CJTC).

All [FacilityManager]s and supervisors (full- or part-time) are required to complete the core training requirements for the position as specified by the CJTC within six months of appointment and complete all remaining requirements for career-level certification within one year of appointment, unless an extension or waiver has been granted by the CJTC (RCW 43.101.350).

Members assigned to work in the facility prior to completing the initial required training may do so only when under the direct supervision of a fully trained member.

306.4 CORRECTIONAL FACILITY TRAINING PROGRAM PHASES

The correctional facility training program is designed to build upon the conceptual foundation taught in the basic academy, whereupon the theoretical knowledge gained in the academy can be molded into a practical skill set. The correctional facility training program consists of the five phases described below.

306.4.1 FIRST PHASE - ORIENTATION (2 WEEKS, NO DOR'S)

The trainee will be assigned to a Training Officer (TO). The TO will insure the following is completed during the orientation period:

(a) Brief the trainee on the purpose, scope and responsibilities expected during the training program.

(b) Explain the evaluation system and acquaint the trainee with the rating forms that will be used.

(c) Facility orientation - general daily schedule, building layout, important locations.

(d) Orientation sign off sheet.

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(e) introduce the trainee to the key supervisory, administrative, support personnel and Human resources

(f) Online training platforms

(g) Review emergency procedures and the inmate rule book

(h) ACCESS pretest/class date

(i) Basics (time permitting) - pat downs, key sets, inmate escort and officer safety

(j) FTO observation

During phases 1-4 the work performance of the trainee will be evaluated and recorded daily by the TO through Daily Observation Reports (DOR's). Areas of deficiency will be discussed, and remedial training provided and documented by the TO.

306.4.2 PHASE ONE - (WEEKS 1-4)

In this phase the trainee will be exposed to many duties with a focus on their assigned shift, either Days, Swings or Mids. The TO will demonstrate how each task is to be performed and the trainee will be encouraged to ask questions. Once each task is demonstrated, the trainee will be directed to perform each activity under the close supervision of the TO.

The TO will provide direction as needed to the trainee during hands on activities.

During low activity time, the TO should assign activities and practice bookings to the trainee if applicable.

306.4.3 PHASE TWO - (WEEKS 4-8)

The trainee will continue to build on learned knowledge and will complete tasks solo in areas where training has been provided.

The solo activities of the trainee will be monitored by the TO.

The TO will instruct the trainee in additional shift-specific tasks. Once each task is demonstrated, the trainee will be directed to perform each activity under the close supervision of the TO.

306.4.4 PHASE THREE - (WEEKS 8-12)

This is considered the shadow phase.

The trainee is expected to complete tasks solo in areas where training has been provided. These activities will be monitored by the TO, and feedback will be provided.

The TO will provide instructions for any areas that have not previously been introduced, primarily shift-specific duties.

306.4.5 PHASE FOUR - (WEEKS 13-14 WITH THE FIRST TO)

This is considered the evaluation phase.

The TO will only observe the trainee then critique at the conclusion of the trainee's performance.

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At the conclusion of this phase, the TO will recommend to either pass the trainee completing the TO period, a training extension if the 6-week maximum has not already been exceeded, or termination.

306.5 TRAINING EXTENSIONS

The TO can request a training extension at the conclusion of any phase.

Extensions are done in two-week increments with a six-week maximum.

The extensions must be requested by the TO in advance.

The trainee can be terminated at the completion of any two-week extension. The TO Manager will document any areas of concern, additional training provided and will submit recommendations to the Division Chief for review.

306.6 PROBATIONARY PERIOD EVALUATION

Trainees will receive a written overview of their job skills and learning progress at the completion of each phase of training. This evaluation will include training progress in major areas and any noted deficiencies. The TO will also include the dates of training and whether they recommend the trainee move onto the next phase. Prior to becoming permanently appointed, each probationary employee will receive a final letter of recommendation from the TO manager. This final recommendation letter shall be made a part of the employee's personnel record.

In addition to the final letter of recommendation, an FTO out brief will be prepared and reviewed with the trainee. This will be completed by the TO manager and Lieutenant and will include the expectations for the trainee following the completion of the FTO program. A monthly evaluation will be conducted with the trainee's direct supervisor throughout the duration of the probationary period. This will be used as a continued assessment for performance of duties and to identify and address any areas of concern.

306.7

306.8 ANNUAL IN-SERVICE TRAINING

All employees are required to complete Annual In-Service training per their assigned job classification. The Training Manager will coordinate with the Chief Jail Administrator to assign Annual In-Service training that meets the current RCW and CJTC requirements.

306.9 TRAINING OBJECTIVES

The objectives of the training program are to accomplish the following:

(a) Improve the competency of members at all levels

(b) Ensure that members can carry out the mission of the Office through a thoroughly demonstrated knowledge of office policies and procedures

(c) Increase the technical expertise and overall effectiveness of members

(d) Provide for continued professional development of office members

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Specialized Training

307.1 PURPOSE AND SCOPE

Deputies who are assigned to specialized response units will receive training commensurate with the complexity of their specialty and must be able to demonstrate proficiency in the specific skills related to their specialized function.

307.2 QUALIFICATIONS

To be eligible for assignment to a specialized emergency unit, deputies are required to be off probation and to have at least three years of experience as a deputy.

307.3 TRAINING

The Training Manager is responsible for ensuring that all personnel who are assigned to a specialized emergency unit will receive not less than 16 hours of specialized training as specified above or as part of their annual training requirement.

The Office will use courses certified by a competent government or standards-setting organization whenever practicable. All training should include testing to identify and document the employee's knowledge in the subject matter presented.

It shall be the responsibility of the employee to provide the Training Manager or immediate supervisor with evidence of completed training and education in a timely manner. The Training Manager or supervisor shall ensure that copies of training records are placed in the employee's training file.

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Firearms Training

308.1 PURPOSE AND SCOPE

This policy is intended to ensure that all personnel legally assigned a firearm will develop proficiency in the use, care and safety of firearms through a regular training schedule in accordance with all laws and regulations.

308.2 FIREARMS TRAINING

All personnel authorized to use firearms shall receive training in accordance with state law before being assigned to a post involving the possible use of such weapons (RCW 10.93.020).

Notwithstanding any statutory and regulatory requirements, at a minimum, firearms training will cover the laws, use, safety, safety equipment and care of firearms and the constraints on their use.

Whenever possible, the Office will use courses certified by a competent government or standards-setting organization. Whenever training is provided by the Office, the Training Manager should ensure that a course outline and/or lesson plan, a roster signed and dated by those in attendance and the name of the person coordinating the event are on file.

Personnel who are authorized to carry a firearm in the performance of their duties are required to maintain proficiency with firearms used in the course of their assignment. All custody personnel who carry firearms are required to qualify annually with their duty weapon on an approved range course.

The Armorer shall keep accurate records of annual qualifications, repairs, maintenance, and training records as directed by the Training Manager. In addition to regular qualification schedules, the Armorer shall be responsible for providing all affected personnel with annual practical training that is designed to simulate situations that may occur in a custody facility setting. At least annually, all personnel carrying a firearm will receive training on the Use of Force Policy and demonstrate their knowledge and understanding by passing either a performance or written test.

308.3 FIREARMS NON-QUALIFICATION

If any staff member is unable to qualify for any reason, including injury, illness, duty status or scheduling conflict, that staff member shall submit a memorandum to his/her immediate supervisor prior to the end of the required shooting period.

Members who repeatedly fail to qualify will be relieved from the assignment that authorized a firearm; appropriate disciplinary action may follow.

Personnel who fail to qualify on their first shooting attempt shall be provided remedial training until proficiency is demonstrated, and will be subject to the following requirements:

(a) Additional range assignments may be required until consistent weapon proficiency is demonstrated.

(b) Members shall be given credit for a range qualification after remedial training and a qualifying score is obtained.

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(c) No range credit will be given for the following:

1. Unauthorized range makeup
2. Failure to qualify after remedial training

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Chemical Agents

309.1 PURPOSE AND SCOPE

This policy establishes the required training for deputies to be authorized to carry and use chemical agents and identifies the appropriate medical treatment of individuals exposed to a chemical agent.

309.2 POLICY

The Office authorizes the use of Defense Technology products as the only selected chemical agents to be carried and used by staff. Chemical agents are weapons used to minimize the potential for injury to deputies, inmates and others. Chemical agents should only be used in situations where such force reasonably appears justified and necessary.

309.3 CHEMICAL AGENT TRAINING

Only deputies trained and having shown adequate proficiency in the use of any chemical agent and the Use of Force Policy are authorized to carry the device.

(a) The Training Manager shall ensure that appropriate training for all chemical agents occurs annually at minimum.

(b) All initial and proficiency training for chemical agents will be documented in the deputy's training file.

(c) Deputies failing to demonstrate continuing proficiency with chemical agents or knowledge of the Use of Force Policy will lose their authorization to carry or use the devices and will be provided remedial training. If, after two remedial training sessions, a deputy fails to demonstrate proficiency with chemical agents or knowledge of the Use of Force Policy, the deputy may be subject to discipline.

(d) The Training Manager shall be responsible for ensuring that all personnel who are authorized to use chemical agents have also been trained in the proper medical treatment of persons who have been affected by the use of chemical agents. Training should include the initial treatment, (e.g., providing the proper solution to cleanse the affected area) and knowing when to summon medical personnel for more severe effects.

309.4 PROFICIENCY TESTING

The Training Manager shall ensure that all training delivered to staff should also test proficiency in order to document that the employee understands the subject matter, and that proficiency training is monitored and documented by a certified weapons or tactical instructor.

309.5 TRAINING RECORDS

It shall be the responsibility of the Training Manager to ensure that the following is maintained on file for all training provided by the Office:

- A course outline or lesson plan

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- A roster signed and dated by those in attendance
- The name of the person coordinating the training

The Training Manager shall ensure that copies of such training records are placed in the employee's training file and retained in accordance with established records retention schedules (WAC 44-14-03005).

309.6 REVIEW, INSPECTION AND APPROVAL

Every chemical agent delivery device will be periodically inspected by the Armorer or the designated instructor for a particular device.

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Prison Rape Elimination Act Training

310.1 PURPOSE AND SCOPE

This policy establishes an education and training process related to implementation of the Prison Rape Elimination Act of 2003 (PREA) and the implementing regulation (PREA Rule) (28 CFR 115.5 et seq.).

310.2 POLICY

The Island County Sheriff's Office endeavors to comply with the training standards in the PREA Rule and to ensure that all staff, volunteers and contractors are aware of their responsibilities and that staff, volunteers, contractors and inmates are aware of the policies and procedures of the facility as they relate to PREA.

Individuals who are considered professional visitors, e.g. legal counsel or investigators, will be advised of the office policy on sexual abuse and the provisions of the PREA.

Professional visitors may be required to sign and acknowledgement that they have read and understand the office policy on sexual abuse.

310.3 MEMBER TRAINING

All staff, volunteers and contractors who may have contact with inmates shall receive office-approved training on the prevention and detection of sexual abuse and sexual harassment within this facility. The Chief Jail Administrator shall ensure that the staff receives training and testing in prevention and intervention techniques, that they have sufficient knowledge to answer any questions the arrestees and inmates may have regarding sexual assault or abuse, and that they are familiar enough with the reporting process to take an initial report of a sexual assault or abuse. The Chief Jail Administrator shall be responsible for developing and administering this training, covering at minimum (28 CFR 115.31; 28 CFR 115.32):

- The zero-tolerance policy for sexual abuse and sexual harassment and how to report such incidents.
- The dynamics of sexual abuse and sexual harassment in confinement.
- The common reactions of sexual abuse and sexual harassment victims.
- Prevention and intervention techniques to avoid sexual abuse and sexual harassment in the correctional facility.
- Procedures for the investigation of a report of sexual abuse and/or sexual harassment.
- Individual responsibilities under sexual abuse and sexual harassment prevention, detection, reporting and response policies and procedures.
- An individual’s right to be free from sexual abuse and sexual harassment.
- The right of inmates to be free from retaliation for reporting sexual abuse and sexual harassment.

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- How to detect and respond to signs of threatened and actual sexual abuse.
- How to communicate effectively and professionally with inmates, including lesbian, gay, bisexual, transgender, intersex or gender non-conforming inmates.
- How to comply with relevant laws related to mandatory reporting of sexual abuse and sexual harassment to outside authorities.
- How to avoid inappropriate relationships with inmates.

Training shall be tailored according to the sex of the inmates at the facility. Staff should receive additional training on security measures and the separation of male and female populations in the same facility if the staff has been reassigned from a facility that houses only male or female inmates.

Training should include written testing to validate knowledge and understanding of the material. The shall Chief Jail Administrator document, through signature or electronic verification, that staff, volunteers and contractors have received and understand the training. The Training Unit will maintain training records on all staff receiving training in accordance with procedures developed by the Chief Jail Administrator.

The Chief Jail Administrator shall ensure that members undergo annual refresher training that covers the office's sexual abuse and sexual harassment policies and related procedures (28 CFR 115.31).

310.4 SPECIALIZED MEDICAL TRAINING

All full- and part-time qualified health care and mental health professionals who work regularly in the facility shall receive all of the member training listed above, as well as training that includes (28 CFR 115.35):

(a) Detecting and assessing signs of sexual abuse and sexual harassment.

(b) Preserving physical evidence of sexual abuse.

(c) Responding effectively and professionally to victims of sexual abuse and sexual harassment.

(d) Reporting allegations or suspicions of sexual abuse and sexual harassment.

If the qualified health care and mental health professionals employed by this facility conduct forensic examinations, they shall receive the appropriate training to conduct such examinations.

The Training Manager shall maintain documentation that the facility’s health care and mental health professionals have received the training referenced above, either from this office or elsewhere.

310.5 SPECIALIZED INVESTIGATIVE TRAINING

Specialized investigative training for investigators shall include the uniform evidence protocol to maximize potential for obtaining useable physical evidence; techniques for interviewing sexual

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abuse victims; proper use of *Miranda* and *Garrity* warnings; sexual abuse evidence collection in confinement settings; and the criteria and evidence required to substantiate a case for administrative action or referral for prosecution (28 CFR 115.21; 28 CFR 115.34).

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Health Care Staff Orientation

311.1 PURPOSE AND SCOPE

The purpose of this policy is to establish an orientation period for all new health care staff working in the facility, in cooperation with the health authority. The goal is to improve the competency of the health care staff and the effectiveness of the care delivered, as well as to maintain the safety and security of the custody environment and to comply with all applicable laws, regulations and national health care standards observed by the Office.

311.2 NEW HEALTH CARE STAFF ORIENTATION

All new health care staff shall complete an orientation program before independently working in their assignments. At a minimum, the orientation program will cover the following:

- The purpose, goals, policies and procedures for the Island County Sheriff's Office
- Security and contraband regulations
- Access control to include use of keys
- Appropriate conduct with inmates
- Responsibilities and rights of facility employees and contractors
- Universal and standard precautions
- Occupational exposure
- Personal protective equipment (PPE)
- Biohazardous waste disposal
- An overview of the correctional field as it relates to custody functions
- Issues relating to manipulation of staff by inmates, identification of behaviors and tactics and the approved responses to these acts including notification of supervisors
- Health care delivery protocols

311.3 HEALTH CARE STAFF REFRESHER TRAINING

All health care staff shall meet refresher-training requirements as established by the local public health entity or the minimum licensing requirements as established by the state licensing body.

311.4 FACILITY-SPECIFIC TRAINING

The Training Manager should include these staff members in training and training exercises relative to facility safety and security including, but not limited to, the following:

- Emergency medical triage in the facility
- Emergency evacuation routes and procedures
- Communication systems during facility emergencies

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- Security during facility emergencies
- Qualified health care professional response during “officer down” incidents
- Responding to critical facility emergencies
- Facility hostage policy and medical response tactics
- Medical emergency transportation procedures
- Media relations

311.5 TESTING

All training delivered to qualified health care professionals should include a testing component to document that the employees understand the subject material.

311.6 TRAINING RECORDS

The Training Manager, in coordination with the Responsible Physician, shall be responsible for developing and maintaining training records in accordance with established records retention schedules (WAC 44-14-03005). The Training Manager shall also maintain a file of professional licensure and certifications for each member of the health care staff.

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Volunteer Program

312.1 PURPOSE AND SCOPE

It is the policy of this office to use qualified volunteers to assist in the daily operation through their contribution of services to the inmates and the families of inmates, and to serve as a link between the facility and the community. Volunteers are intended to supplement and support, rather than supplantdeputies and other personnel. Volunteers can be an important part of any organization and are proven to be a valuable asset to corrections institutions.

312.1.1 DEFINITION OF VOLUNTEER

An individual who performs a service for the Office without promise, expectation or receipt of compensation for services rendered. This may include unpaid chaplains, unpaid reserve deputies, interns, inmate reentry programs personnel and persons providing administrative support.

312.2 VOLUNTEER PROGRAM MANAGEMENT

312.2.1 PROGRAM COORDINATOR

The program coordinator shall be appointed by the Chief Jail Administrator. The function of the program coordinator is to provide a central coordinating point for effective program management within the Office, and to direct and assist staff and volunteer efforts to provide more productive services. The program coordinator should work with other Office staff on an ongoing basis to assist in the development and implementation of volunteer positions.

The program coordinator or the authorized designee shall be responsible for:

(a) Developing and maintaining a volunteer recruiting plan.

(b) Developing and maintaining a handbook that minimally identifies expectations and the lines of authority, responsibility and accountability for the various volunteer assignments.

(c) Recruiting, selecting and training qualified volunteers for various positions.

(d) Facilitating the implementation of new volunteer activities and assignments.

(e) Maintaining records for each volunteer.

(f) Tracking and evaluating the contribution of volunteers.

(g) Maintaining a record of volunteer schedules and work hours.

(h) Completion and dissemination as appropriate of all necessary paperwork and information.

(i) Planning periodic recognition events.

(j) Administering discipline when warranted.

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(k) Maintaining liaison with other community programs that use volunteers and assisting in community efforts to recognize and promote volunteering.

312.2.2 RECRUITMENT

Volunteers should be recruited on a continuous and ongoing basis in accordance with office policy on equal opportunity non-discriminatory employment. A primary qualification for participation should be an interest in, and an ability to assist the Office in serving the public.

Requests for volunteers should be submitted in writing by interested staff to the program coordinator through the requester's immediate supervisor. A complete position description, including when the volunteer would be needed, should be included in the request. All parties should understand that the recruitment of volunteers is enhanced by creative and interesting assignments. The program coordinator may withhold assignment of any volunteer until such time as the requesting unit is prepared to make effective use of volunteer resources.

312.2.3 SCREENING

All prospective volunteers should complete the volunteer application form. The program coordinator or the authorized designee should conduct a face-to-face interview with an applicant under consideration.

A documented background investigation shall be completed on each volunteer applicant and shall include, but not necessarily be limited to, the following:

(a) Traffic and criminal background check; fingerprints shall be obtained from applicants and processed through the Criminal Information Index (CII).

(b) Employment

(c) References

(d) Credit check

312.2.4 SELECTION AND PLACEMENT

Service as a volunteer with the Office shall begin with an official notice of acceptance or appointment to a volunteer position. Notice may only be given by an authorized representative of the Office, normally the program coordinator. No volunteer should begin any assignment until he/she has been officially accepted for the position. Each volunteer should complete all required enrollment paperwork and will receive a copy of his/her position description and agreement of service with the Office.

Volunteers should be placed only in assignments or programs that are consistent with their knowledge, skills, abilities and the needs of the facility.

312.2.5 TRAINING

The program coordinator or the authorized designee shall be responsible for developing and maintaining training curriculum and any related forms specific to volunteer assignments. The program coordinator or the authorized designee shall be responsible for ensuring that volunteers

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are provided with an orientation program to acquaint them with the Office, personnel, and policies and procedures that have a direct impact on their work assignment. The training/orientation will include, but not be limited to, the following topics:

(a) Office policies and procedures

(b) Rules related to contraband in the facility

(c) Prohibition on carrying weapons in the facility

(d) Volunteer/offender relationship and general rules of conduct

(e) Safety and emergency information

(f) An overview and history of the Office

The program coordinator shall be responsible for creating and maintaining records of all training provided to each volunteer.

Volunteers should receive position training by their immediate supervisor to ensure they have adequate knowledge and skills to complete tasks required by the position. They should receive periodic ongoing training as deemed appropriate by their supervisor or the program coordinator.

Training should reinforce to volunteers that they may not intentionally represent themselves as, or by omission infer, that they are deputies or other employees of the Office. They shall always represent themselves as volunteers.

All volunteers shall comply with the rules of conduct and with all orders and directives, either oral or written, issued by the Office.

312.2.6 FITNESS FOR DUTY

No volunteer shall report to work or be on-duty when his/her mental or physical condition has been impaired by alcohol, medication or other substances, or when the volunteer is experiencing illness or injury.

Volunteers shall report to their supervisor any changes in status that may affect their ability to fulfill their duties. This includes, but is not limited to, the following:

(a) Driver's license status, if driving is part of the duties of the assignment

(b) Any medical condition that might impair the volunteer's ability to perform the duties of the position

(c) Arrests

(d) Criminal investigations

(e) The detention of family members, work associates or immediate friends

All volunteers shall adhere to the guidelines set forth by this office regarding drug and alcohol use.

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312.2.7 DRESS CODE

As representatives of the Office, volunteers should present a professional image to the community. Volunteers shall dress appropriately for the conditions and performance of their duties.

Volunteers shall conform to office-approved dress in accordance with their duty assignment. Uniforms authorized for volunteers should be readily distinguishable from those worn by deputies. The uniform or identifiable parts of the uniform shall not be worn while off-duty. However, volunteers may choose to wear the uniform while in transit to or from official office assignments or functions, provided an outer garment is worn over the uniform shirt to avoid bringing attention to the volunteer while he/she is off-duty.

Volunteers shall be required to return any issued uniform or office property at the termination of service.

312.3 SUPERVISION OF VOLUNTEERS

Each volunteer who is accepted to a position with the Office and assigned to the correctional facility must have a clearly identified supervisor who is responsible for direct management of that volunteer. This supervisor will be responsible for day-to-day management and guidance of the work of the volunteer and should be available to the volunteer for consultation and assistance.

A volunteer may be assigned and act as a supervisor of other volunteers, provided that the supervising volunteer is under the direct supervision of a paid staff member.

Functional supervision of volunteers is the responsibility of the supervisor in charge of the unit where the volunteer is assigned. The following are some considerations to keep in mind while supervising volunteers:

(a) Take the time to introduce volunteers to employees on all levels.

(b) Ensure volunteers have work space and necessary office supplies.

(c) Make sure the work is challenging. Do not hesitate to give them an assignment or task that will tap these valuable resources.

312.4 HEALTH CARE VOLUNTEERS

The program coordinator will coordinate volunteer activities with the health care staff. Health care volunteers will be subject to all of the volunteer, recruitment, selection and training requirements of the Office. The qualified health care professionals may have additional requirements and training for health care volunteers.

The program coordinator shall ensure that any volunteer performing health care duties possesses the appropriate credentials and training, in coordination with the health care staff, and shall ensure that signed agreement forms pertaining to the security and confidentiality of information are on file with the Office.

The program coordinator shall also ensure that volunteers performing health care duties have received specific training in topics that including fire, safety, security, contraband and inmate culture.

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312.5 CONFIDENTIALITY

With appropriate security clearance, volunteers may have access to confidential information, such as criminal histories or investigative files. Unless otherwise directed by a supervisor or office policy, all information shall be considered confidential. Only that information specifically identified and approved by authorized personnel shall be released. Confidential information shall be given only to persons who have a need and a right to know, as determined by office policy and supervisory personnel.

Each volunteer will be required to sign a nondisclosure agreement before being given an assignment with the Office. Subsequent unauthorized disclosure of any confidential information, verbally, in writing or by any other means, by the volunteer is grounds for immediate dismissal and possible criminal prosecution.

Volunteers shall not address public gatherings, appear on radio or television, prepare any article for publication, act as correspondents to a newspaper or other periodical, release or divulge any information concerning the activities of the Office, or maintain that they represent the Office in such matters without permission from the proper office personnel.

312.6 PROPERTY AND EQUIPMENT

Volunteers will be issued an identification card that must be worn at all times while on-duty.

Any fixed and portable equipment issued by the Office shall be for official and authorized use only. Any property or equipment issued to a volunteer shall remain the property of the Office and shall be returned at the termination of service.

312.6.1 VEHICLE USE

Volunteers assigned to duties that require the use of a vehicle must first complete:

(a) A safety briefing and office-approved driver-safety course.

(b) Verification that the volunteer possesses a valid driver license.

(c) Verification that the volunteer carries current vehicle insurance.

The program coordinator should ensure that all volunteers receive safety briefing updates, and should verify their license and insurance at least once a year.

When operating an office vehicle, volunteers shall obey all rules of the road, including seat belt requirements. Smoking is prohibited in all office vehicles.

312.6.2 TELECOMMUNICATION SYSTEMS USAGE

Volunteers with access to law enforcement telecommunication systems shall successfully complete all mandated access training and radio procedures training prior to using any such equipment. Volunteers shall comply with all policies and procedures related to the use of such equipment. The program coordinator should ensure that appropriate training is provided for volunteers whenever necessary.

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312.7 DISCIPLINARY PROCEDURES/TERMINATION

A volunteer may be removed from the volunteer program at the discretion of the Sheriff, Chief Jail Administrator or the program coordinator. Volunteers shall have no property interests in their continued appointment.

Volunteers may resign from volunteer service with the Office at any time. It is requested that volunteers who intend to resign provide advance notice of their departure and a reason for their decision.

312.7.1 EXIT INTERVIEWS

Exit interviews, when practicable, should be conducted with volunteers who are leaving their positions. The interview should attempt to ascertain the reason for leaving the position and solicit the volunteer's suggestions on improving the position. When appropriate, the interview should also include a discussion on the possibility of involvement in some other capacity with the Office.

312.8 EVALUATION

An evaluation of the overall volunteer program will be conducted on an annual basis by the program coordinator. Regular evaluations should be conducted with volunteers to ensure the best use of human resources, to ensure personnel problems can be identified and dealt with promptly and fairly, and to ensure optimum satisfaction on the part of volunteers.

312.9 VOLUNTEER REGISTRATION

All volunteers shall be registered with the Office for insurance purposes, and each volunteer shall be issued an identification card. The facility shall maintain an identification record for each volunteer that includes a photograph, home address, current telephone numbers, background certification, training/orientation certifications, and list of special skills, languages spoken or volunteer specialty.

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Briefing Training

313.1 PURPOSE AND SCOPE

Briefing training is generally conducted at the beginning of the deputy's assigned shift. Briefing training provides an opportunity for an important exchange of information between employees and supervisors.

313.2 POLICY

Briefing training covers a wide range of topics selected by the management/supervisory and training staff.

The supervisor conducting briefing training is responsible for the preparation of the materials necessary for constructive training. Supervisors may delegate this responsibility to a subordinate deputy in their absence or for training purposes. The briefing training will be based upon a structured program to provide topics related to, but not limited to, the following:

- Custody facility policies and procedures
- Interim Directives not yet established into policy
- Reviewing recent incidents for training purposes
- In preparation or response to an unusual occurrence
- Statutory requirements or court orders
- Operation of new equipment, including computer software
- Notifying the staff of changes in schedules and assignments
- Any other topic as determined by the Sheriff or Chief Jail Administrator

313.3 COMPUTER-BASED TRAINING OPTIONS

The Lexipol Daily Training Bulletins (DTBs) is a web-based system that provides training on the Island County Sheriff's Office Custody Manual and other important topics. Generally, one training bulletin is available for each day of the month. However, the number of DTBs may be adjusted by the Training Manager.

Personnel assigned to participate in DTBs should only use the password and login name assigned to them by the Training Manager. Personnel should not share their password with others and should frequently change their password to protect the security of the system. After each session, employees should logoff the system to prevent unauthorized access. The content of the DTBs is copyrighted material and shall not be shared with others outside of the Office.

Employees who are assigned to participate in the DTB program should complete each DTB at the beginning of their shift or as otherwise directed by their supervisor. Employees should not allow uncompleted DTBs to build up over time. Personnel may be required to complete DTBs missed during extended absences (e.g., vacation, medical leave) upon returning to duty. Although the

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DTB system can be accessed from any Internet-active computer, employees shall only take DTBs as part of their on-duty assignment as there will be no authorization for taking or viewing DTBs while off-duty.

Supervisors will be responsible for monitoring the progress of personnel under their command to ensure compliance with this policy.

313.4 TRAINING RECORDS

The Training Manager will assist the Shift Supervisors with identifying relevant topics for delivery during briefing training and will be responsible for maintaining all briefing training records.

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Training Plan

314.1 PURPOSE AND SCOPE

The purpose of this policy is to establish a training plan that will provide for the professional growth and continued development of facility personnel and to forecast annual funding needs for future training. By doing so, the Office will ensure its personnel possess the knowledge and skills necessary to professionally manage the inmate population.

314.2 POLICY

The Training Manager shall conduct an annual training needs assessment to determine the training needs of all members based upon state laws, regulations, certification requirements, and continued professional training requirements.

A training plan shall be based on the assessment. It is the responsibility of the Training Manager to develop, maintain, review, and update the training plan on an annual basis.

The annual training plan should be presented to the management staff for review. The approved training plan should include the annual funding requirements forecast by the Training Manager. The Training Manager shall coordinate with the budgeting office to develop a funding source for all mandatory training.

The Sheriff or the authorized designee shall have final approval of the training plan and the budget to ensure that the training to be delivered is fiscally responsible and meets the mission of the Office.

The Training Manager will execute the training plan on behalf of the Sheriff.

314.3 TRAINING MANAGER

A qualified individual shall be appointed by the Sheriff or the authorized designee to serve as the Training Manager, who shall report to the Sheriff or the authorized designee.

Full-time members who are assigned to be trainers shall receive specialized instruction, which at a minimum shall include a 40-hour train-the-trainers course.

The Training Manager is responsible for developing an annual training plan. The plan should ensure that members meet all state law and certification requirements, any specialty training required for specialty assignments, and all continued professional training requirements. The plan should include a process to review course content and quality, typically by way of attendee feedback and/or a course audit by the training staff.

314.4 TRAINING RECORDS

An individual training file shall be maintained by the Training Manager or the authorized designee for each member. Training files shall contain records of all training and education (original or photocopies of available certificates, transcripts, diplomas, and other documentation) for all members.

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The maintenance of the training records shall be in sufficient detail as to comply with any outside audit requirements (28 CFR 115.34).

It shall be the responsibility of the involved member to provide their immediate supervisor or the Training Manager with evidence of completed training or education in a timely manner.

The Training Manager or supervisor shall ensure that copies of such training records are placed in the member's training file.

Training records shall contain the following information:

- Name of the member
- Date of hire
- Education and training background (education and training received prior to hire)
- Type of training received
- Date the training was received and successfully completed
- Title of the training and name of the provider
- Test scores or training benchmarks

The Training Manager shall also be responsible for documenting the waivers of the training requirements based upon equivalent training received before employment or demonstrated competency through proficiency testing.

314.5 COURSE CERTIFICATION/QUALITY ASSURANCE

Training courses should be subject to a quality assurance process that, at a minimum, provides:

- A complete description of the course, including the number of certified training hours achieved.
- A curriculum including job-related topics and content and performance objectives.

Training should not only include the minimum number of hours required annually but also instruction specific to tasks performed by members in the facility. Courses should include a testing component that shows a measurable transfer of knowledge and a mastery of topics.

314.5.1 COURSE RECORDS

It shall be the responsibility of the Training Manager to ensure that the following is maintained on file for all training provided by the Office:

- The course outline or lesson plan
- A roster signed and dated by those in attendance
- The name of the person coordinating the training
- The credentials of all presenters and instructors

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314.6 TRAINING COMMITTEE

The Training Manager shall establish a training committee that will serve to assist with identifying training needs for the Office. The training committee shall comprise at least three members, with the senior ranking member of the committee acting as the chairperson. Members should be selected based on their abilities at post-incident evaluation and at assessing related training needs.

The Training Manager may remove or replace members of the committee at the Training Manager's discretion. The training committee should review certain incidents, as detailed below, to determine whether training would likely improve future outcomes, or would reduce or prevent the recurrence of an incident. Specific incidents the training committee should review include but are not limited to:

(a) Any incident involving the death or serious injury of a member.

(b) Incidents involving a high risk of death, serious injury, or civil liability.

(c) Incidents identified by a supervisor as appropriate to review to identify possible training needs.

The training committee should convene on a regular basis, as determined by the Training Manager, to review the identified incidents. The committee shall determine by consensus whether a training need exists and then submit a written recommendation to the Training Manager. The recommendation should not identify specific facts of any incident, such as identities of members involved or the date, time, and location of the incident, but should focus on the type of training being recommended.

The Training Manager will consider the recommendation of the committee and determine what training should be addressed, taking into consideration the mission of the Office and available resources.

314.7 TRAINING PROCEDURES

All members assigned to attend training shall attend as scheduled, unless previously excused by their immediate supervisors or the Training Manager.

(a) Excused absences from mandatory training should be limited to the following:

1. Court appearances
2. Authorized vacation
3. Sick leave
4. Physical limitations preventing the member's participation
5. Emergency situations
6. Leave under state or federal law (e.g., Family Medical Leave Act)

(b) When a member is unable to attend mandatory training, that member shall:

1. Notify their supervisor as soon as possible but no later than one hour prior to the start of training.

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2. Document their absence in a memorandum to the supervisor.
3. Make arrangements through the supervisor and the Training Manager to attend the required training on an alternate date.

(c) All training programs, whether in-house or outside the facility, are considered on-duty work assignments, and the following should apply:

1. Uniform or business casual attire is required unless otherwise indicated.
2. Members should participate during training.
3. Members shall display a professional demeanor.
4. Members shall adhere to the Drug- and Alcohol-Free Workplace Policy.

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Support Personnel Orientation and Training

315.1 PURPOSE AND SCOPE

The Office has developed an orientation and training program for support and contractor personnel, whether full- or part-time, to increase competency in their assigned tasks and to help ensure that all support personnel understand the issues that are unique to their position as it relates to this facility.

315.2 TRAINING MANAGER RESPONSIBILITIES

The Training Manager is responsible for coordinating training and will ensure that the training and orientation given to all support and contract personnel is properly documented and placed in the worker’s training file. At a minimum, the record should contain the name of the individual, the assignment, the date that the orientation and training was presented, the orientation outline indicating the subject material, and the name of the instructor. To the extent applicable, copies of tests and passing scores should also be included as a part of the record.

315.3 PART-TIME PERSONNEL

Support personnel working part-time, including contractors, shall receive formal orientation and training commensurate with the scope of their work assignments, as determined by the Chief Jail Administrator, before assignment to duties within the facility. At a minimum, the orientation and training should include:

- Safety and security
- Facility regulations
- Facility operations
- Guidelines for conduct with inmates

Support and contract personnel who fail to successfully complete all required training shall not be permitted to work in the secure portions of the facility.

315.4 PERSONNEL WITH MINIMAL INMATE CONTACT

Support personnel, including contractors, whose positions involve minimal contact with inmates shall receive orientation and training commensurate with the scope of their work.

Minimal inmate contact is defined as tasks that do not involve the supervision of inmates, inmate discipline, or specific tasks that involve custody and control of inmates. Orientation and training topics shall include but are not limited to the following:

- Safety and security
- Custody policies and procedures
- Emergency procedures
- Job-specific training

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- Washington State Criminal Justice Training Commission Support Services Academy (subject to course offerings and available funding)

315.5 PERSONNEL WITH REGULAR INMATE CONTACT

Support personnel, including contractors, whose positions involve regular or daily inmate contact shall receive orientation and training commensurate with the scope of their work.

Regular inmate contact is defined as tasks that involve the direct provision of services to inmates (e.g., custody assistants, vocational supervisors, teachers, food services, commissary, chaplain) but that do not involve the custodial supervision of inmates in the areas of discipline and control. Orientation and training topics shall include but are not limited to the following:

- Safety and security
- Emergency procedures
- Staff responsibilities
- Guidelines for conduct with inmates
- Aspects and dynamics of the custody environment
- Restricted movement and access according to job function
- Supervision of inmates
- Suicide awareness and dynamics
- Use of force
- Inmate rules and regulations
- Inmate rights and responsibilities
- CPR and first aid
- Zero-tolerance policy and the identification, response, and reporting requirements of sexual abuse and harassment

315.6 TESTING

All training delivered to support personnel should include testing to document that the employee understands the subject material presented.

315.7 POLICY

It is the policy of the Island County Sheriff's Office to establish minimum training guidelines for support and contract personnel.

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Reporting of Employee Arrests, Convictions and Court Orders

316.1 PURPOSE AND SCOPE

The purpose of this policy is to describe the notification requirements and procedures that members must follow when certain arrests, convictions and court orders restrict their ability to perform the official duties and responsibilities of the Island County Sheriff's Office. This policy will also describe the notification requirements and procedures that certain retired deputies must follow when an arrest, conviction, or court order disqualifies them from possessing a firearm (RCW 43.101.135).

316.2 POLICY

The Island County Sheriff's Office requires disclosure of member arrests, convictions and certain court orders to maintain the high standards, ethics and integrity in its workforce, and to ensure compatibility with the duties and responsibilities of the Office.

316.3 DOMESTIC VIOLENCE CONVICTIONS AND RESTRAINING ORDERS

Federal and Washington law prohibit individuals convicted of certain offenses and individuals subject to certain court orders from lawfully possessing firearms. Such convictions and court orders often involve allegations of the use or attempted use of force, or threatened use of a weapon on any individual in a domestic relationship (e.g., spouse, cohabitant, parent, child) (18 USC § 922; RCW 9.41.040; RCW 9.41.801).

All members and retired deputies with identification cards issued by the Office are responsible for ensuring that they have not been disqualified from possessing firearms by any such conviction or court order, and shall promptly report any such conviction or court order to a supervisor, as provided in this policy.

316.4 OTHER CRIMINAL CONVICTIONS AND COURT ORDERS

Washington law prohibits individuals convicted of serious felonies enumerated in RCW 9.41.040 from lawfully possessing firearms.

While legal restrictions may or may not be imposed by statute or by the courts upon conviction of any criminal offense, criminal conduct by members of this office may be inherently in conflict with law enforcement duties and the public trust, and shall be reported as provided in this policy.

316.5 REPORTING PROCEDURE

All members and all retired deputies with an identification card issued by the Office shall immediately notify their supervisors (retired deputies should immediately notify the Shift Supervisor or the Sheriff) in writing of any past or current criminal detention, arrest, charge, plea, or conviction in any state or foreign country, regardless of whether the matter was dropped or rejected, is currently pending, or is on appeal, and regardless of the penalty or sentence, if any.

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Reporting of Employee Arrests, Convictions and Court Orders

All members and all retired deputies with an identification card issued by the Office shall immediately notify their supervisors (retired deputies should immediately notify the Shift Supervisor or the Sheriff) in writing if they become the subject of a domestic violence-related order or any court order that prevents the member or retired deputy from possessing a firearm.

Any member whose criminal arrest, conviction, or court order restricts or prohibits that member from fully and properly performing his/her duties, including carrying a firearm, may be disciplined. This includes but is not limited to being placed on administrative leave, reassignment, and/or termination. Any effort to remove such disqualification or restriction shall remain entirely the responsibility of the member, on his/her own time and at his/her own expense.

Any employee failing to provide prompt written notice pursuant to this policy shall be subject to discipline, up to and including termination.

Retired deputies may have their identification cards rescinded or modified, as may be appropriate.

316.5.1 NOTIFICATION TO CRIMINAL JUSTICE TRAINING COMMISSION

The Sheriff or the authorized designee shall ensure notification is made to the Criminal Justice Training Commission within 15 days of learning that a deputy has been charged with a crime (RCW 43.101.135).

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Chapter 4 - Emergency Planning

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Facility Emergencies

400.1 PURPOSE AND SCOPE

The purpose of this policy is to establish a a plan to appropriately respond to emergencies within the facility and to ensure all affected personnel receive timely training regarding emergency response. This policy is intended to protect the community, employees, visitors, inmates and all others who enter the correctional facility, while allowing the facility to fulfill its primary purpose.

Facility emergencies related to fire will be addressed in the Fire Safety Policy.

400.2 POLICY

It is the policy of this office to have emergency response plans in place to quickly and effectively respond to and minimize the severity of any emergency within the facility.

400.3 PROCEDURE

The Chief Jail Administrator should develop, publish and review emergency response plans that address the following:

(a) Escapes

(b) Disturbances/Riots

(c) Taking of hostages

(d) Civil disturbances

(e) Natural disasters

(f) Periodic testing of emergency equipment

(g) Other emergencies as needs are identified

The facility emergency response plans are intended to provide the staff with current methods, guidelines and training for minimizing the number and severity of emergency events that may threaten the security of the facility or compromise the safety of staff, inmates or the community.

The emergency response plans are intended to provide information on specific assignments and tasks for personnel. Where appropriate, the emergency response plans will include persons and emergency departments to be notified.

The emergency response plans should include procedures for continuing to house inmates in the facility; the identification of alternative facilities outside the boundaries of the disaster or threat and the potential capacity of those facilities; inmate transportation options; and contact information for allied agencies.

The emergency response plans shall be made available to the staff, volunteers and contractors working in the facility as needed.

During any emergency within the facility all access/exit control points to the facility will be secured. Only emergency responders or other designated individuals will be granted access to the facility with permission from the Incident Commander. During an emergency event only designated staff

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or Public Information Officer will share information with the general public, media or others as determined by the Incident Commander.

400.4 LOCKDOWN

Upon detecting any significant incident that threatens the security of the facility, such as a riot or hostage situation, staff shall immediately notify Control Room and the Shift Supervisor. The Shift Supervisor, or in his/her absence Control Room, may determine whether to order a partial or full lockdown of the facility and shall notify the Chief Jail Administrator as soon as practicable.

If a lockdown is ordered, all inmates will be directed back to their housing units/cells. All inmates in transit within the facility will either be escorted back to their housing units/cells or to another secure location (holding cell). The Shift Supervisor should instruct any staff not directly involved in the lockdown to escort any visitors and non-essential contractors out of the facility.

A headcount shall be immediately conducted for all inmates, visitors, contractors and staff. The Shift Supervisor shall be immediately notified of the status of the headcount. If any person is unaccounted for the Shift Supervisor shall direct an immediate search of the facility and notify the Chief Jail Administrator of the situation as soon as practicable.

Lockdown is not to be used as a form of punishment. It may only be used to ensure order.

400.4.1 COMMUNICATION

If deemed necessary, the Shift Supervisor may request that the telephone company cut, reroute or divert telephone lines for the purpose of preventing telephone communication between the inmates and any person other than a peace officer or a person authorized by the Shift Supervisor (RCW 70.85.110 and RCW 70.85.100).

400.5 HUNGER STRIKE

Upon being made aware that one or more inmates is engaging in a hunger strike, the staff will notify the Shift Supervisor, who will notify the Chief Jail Administrator. The Chief Jail Administrator should evaluate the basis for the strike and seek an appropriate resolution.

Should the Chief Jail Administrator be unable to resolve the grievance leading to the strike, the Chief Jail Administrator will notify the Sheriff and provide updates on the status of the hunger strike.

400.5.1 NOTIFICATION OF QUALIFIED HEALTH CARE PROFESSIONALS

The Chief Jail Administrator or the authorized designee should notify the Responsible Physician to review, coordinate and document any medical actions taken, based upon protocols and/or at the direction of qualified health care professionals, in response to a hunger strike.

Qualified health care professionals should monitor the health of inmates involved in the hunger strike and make recommendations to the Chief Jail Administrator or the supervisory staff responsible for oversight of the incident.

If an inmate is engaging in a hunger strike due to a mental condition, the appropriate medical protocols for mental illness will be followed.

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400.5.2 RESPONSE TO HUNGER STRIKES

Beginning at the line staff level, a resolution to grievances should be sought at the lowest level. The Inmate Grievances Policy shall guide staff on resolving inmate grievances.

If the hunger strike remains unresolved, the Chief Jail Administrator may direct the appropriate staff to examine the inmate commissary purchases made in advance of the hunger strike, and to monitor commissary purchases made during the hunger strike. Additional staff should be directed to observe the cell area, including trash containers, of the inmates involved for evidence of food items purchased from the commissary and of food hoarding.

400.5.3 LEGAL GUIDANCE

If attempts to resolve the grievance are unsuccessful or not reasonably possible, the Sheriff should consider consulting with legal resources as appropriate to develop other steps to resolve the issues.

400.6 RESPONSE TO DISTURBANCES

The staff should attempt to minimize the disruption to normal facility operations caused by a disturbance by attempting to isolate the disturbance to the extent possible. The staff should immediately notify the Shift Supervisor or the Chief Jail Administrator of the incident. The Shift Supervisor or Chief Jail Administrator may direct additional staff as needed to resolve the disturbance.

400.6.1 NOTIFICATIONS

The Shift Supervisor should notify the Chief Jail Administrator of the disturbance as soon as practicable. Based on the seriousness of the event, the Chief Jail Administrator should notify the Sheriff.

400.6.2 NOTIFICATION OF QUALIFIED HEALTH CARE PROFESSIONALS

The Chief Jail Administrator or the authorized designee should notify the appropriate qualified health care professionals in order to review, coordinate and document medical actions based upon protocols and/or at the direction of the Responsible Physician.

400.6.3 REPORTING

The Shift Supervisor or Chief Jail Administrator should direct that an incident report be completed containing the details of the disturbance no later than the end of the shift. If appropriate, a crime report shall be initiated and prosecution sought.

400.7 RIOTS

Riots occur when an unruly inmate or inmates forcibly and/or violently take control or attempt to take control of any area within the confines of the correctional facility.

Staff should make reasonable attempts to prevent inmate-on-inmate violence but should take measures to avoid being engulfed in the problem, thereby exacerbating the situation.

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400.7.1 RESPONSE TO RIOTS

Once the area of the disturbance is secured and isolated from other areas of the facility, time is generally on the side of staff. If possible, the process of quelling the disturbance should slow down in order for staff to develop response plans, to ensure there are adequate facility personnel to effectively take the required actions, and that responding staff are appropriately equipped with protective gear.

Staff should evaluate their response given the totality of circumstances in any situation, but generally should not enter the space where a riot is occurring until sufficient staff members are present to safely suppress the riot. Nothing in this policy shall prohibit any staff member from assisting staff members who are being assaulted.

All inmates who have participated in a riot shall be separated and secured as soon as practicable. If necessary, injured inmates shall receive a medical evaluation and treatment. If the injured inmate is medically cleared to remain in the correctional facility, he/she will be reclassified and moved to appropriate housing.

Other housing units must be secured, with sufficient staff remaining at their posts to continue to supervise the unaffected units. When the riot has been suppressed, all involved staff must immediately return to their assigned posts.

400.7.2 QUALIFIED HEALTH CARE PROFESSIONAL RESPONSE

A supervisor or the authorized designee should notify the qualified health care professionals and identify a staging area for medical emergency responders and for medical triage should it appear to be necessary.

The Responsible Physician or the authorized designee should be included in developing the response plan as it relates to the potential for a medical response, medical triage and treatment activities, and the safety and security of medical personnel during the incident.

400.7.3 NOTIFICATIONS

As soon as practicable, the Shift Supervisor or a responsible staff member shall notify the Chief Jail Administrator, who in turn, shall notify the Sheriff.

400.7.4 REPORTING

The Chief Jail Administrator or Shift Supervisor shall direct that a report be written detailing the incident by the end of the shift. If appropriate, a crime report will also be prepared by the responsible law enforcement agency.

400.7.5 DEBRIEFING

All responding staff, including medical responders, shall be debriefed on the incident as soon as practicable after the conclusion of the emergency incident. The staff shall examine the incident from the perspective of what worked, what actions were less than optimal and how the response to a future incident might be improved.

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If appropriate, the details of the incident will be used to develop a training course for responding to facility disturbances. The goal of any debriefing process is continuous improvement. The debriefing should be focused on the incident and an improved response. A moderator should be used to ensure that no individual or group involved in the response is publicly ridiculed.

400.8 HOSTAGES

The Office does not recognize the taking of hostages as a reason to relinquish control of the correctional facility environment. All staff, inmates, visitors, volunteers and contractors shall be informed of the “no hostage” policy prior to entering the facility for the first time and shall sign an acknowledgment, which the facility shall retain.

It is the policy of the Island County Sheriff's Office to use all available resources necessary to bring about a successful end to a hostage situation.

400.8.1 RESPONSE TO HOSTAGE INCIDENT

Control Room should immediately be notified at the earliest sign of a hostage incident. Control Room shall notify the Shift Supervisor and Chief Jail Administrator. The Chief Jail Administrator will notify the Sheriff as soon as practicable.

The Shift Supervisor or Chief Jail Administrator shall make every effort to ensure that the hostage incident remains confined to the smallest area possible. All door controls accessible to the inmate shall be disabled. Emergency exits that lead outside the secure perimeter shall be guarded.

400.8.2 NOTIFICATION OF QUALIFIED HEALTH CARE PROFESSIONALS

At the direction of the Shift Supervisor or the authorized designee, the qualified health care professionals should be notified in order to identify a location and form a logistical plan for medical triage. The location also shall serve as a medical staging area for other medical emergency responders.

400.8.3 HOSTAGE RESCUE

Communications with the hostage-taker should be established as soon as practicable. Hostage-taker demands for the staff to open doors will not be met. A hostage rescue team should be immediately summoned and the established protocols for resolving the situation shall be implemented. The Chief Jail Administrator and Sheriff should be consulted regarding decisions faced by the hostage rescue team.

400.8.4 REPORTING AND DEBRIEFING

Following the conclusion of a hostage incident, the Chief Jail Administrator should direct that an incident report be completed by the end of the shift. All aspects of the incident should be reviewed, focusing on the incident and the outcome, with the intent of using the incident as an opportunity for continuous improvement and to identify additional training or systemic changes that may be required.

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400.9 ESCAPES

Upon being made aware that an escape may have occurred, or did in fact occur, the staff member should immediately notify Control Room. Control Room should notify the Shift Supervisor or Chief Jail Administrator. As soon as practicable, the Chief Jail Administrator should notify the Sheriff.

Once the escape is verified and immediate actions taken inside the facility (lockdown, etc.), the Shift Supervisor should notify all local law enforcement agencies.

400.9.1 INMATE COUNTS

As soon as the facility is fully locked down, a full inmate/wristband count should be taken. All inmates who are outside of the secure perimeter of the facility (e.g., court, work details) should be located and identified. Any missing inmate should have his/her identity disclosed and his/her facility record should be accessed by the Chief Jail Administrator.

400.9.2 SEARCH

Concurrent with the lockdown, the area surrounding the facility should be searched for the escapee. Areas where an inmate may be hiding or may have discarded correctional facility clothing should be searched first. Any witnesses should be interviewed.

Classification officers will develop a flyer with the inmate's name, description, the inmate's latest picture, classification status and charges, and supply it to the custody staff and local law enforcement. Local law enforcement should also be given the inmate's last known address and a list of his/her associates.

400.9.3 REPORTING

The Shift Supervisor or a designated staff member should submit an incident report to the Chief Jail Administrator. A crime report should also be written regarding the escape. The incident report should focus on events and physical plant weaknesses that contributed to the escape. The Chief Jail Administrator should review the reports, interview involved parties and develop action plans to minimize the risk of future occurrences.

400.10 CIVIL DISTURBANCES OUTSIDE OF THE JAIL

Upon being notified that jail space will be needed in response to a civil disturbance involving mass arrests, the Shift Supervisor should notify the Chief Jail Administrator. The Chief Jail Administrator should make the determination regarding the magnitude of the event and whether it warrants notification of the Sheriff.

The size of the event may also require a lockdown, suspension of any programs that are not critical to correctional facility operations, and/or implementation of alternate staffing plans. To accommodate the influx of inmates, the Shift Supervisor should develop a housing plan that will not adversely affect the safety and security of the facility. Program spaces, such as exercise yards, classrooms and dayrooms, may be used to temporarily house a limited number of additional inmates.

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In the event that the correctional facility can no longer accept additional inmates without compromising the safety and security of the facility, mutual aid may be requested from allied counties.

400.11 REVIEW OF EMERGENCY PROCEDURES

The Chief Jail Administrator should ensure that there is a review of emergency procedures at least annually. This review should be documented with reports submitted to the Chief Jail Administrator or the authorized designee within 10 days of the review for approval. This review should also include the signatures or initials of the facility staff responsible for the review. At a minimum, the review shall include:

- Assignment of persons to specific tasks in emergency situations.
- Instructions in the use of the alarm systems and signals.
- Systems for the notification of appropriate persons outside of the facility.
- Information on the location and use of emergency equipment in the facility.
- Specification of evacuation routes and procedures.

400.12 TRAINING

The staff shall be trained annually on this policy. This facility will provide emergency preparedness training as part of orientation training for all personnel assigned to the facility and for those who may be required to respond to the facility in an emergency. The staff shall also receive refresher training at least annually in the emergency response plans. The Training Manager is responsible for developing and delivering appropriate initial training and annual refresher training.

Emergency planning training should occur in the form of classroom instruction (or roll call training), mock practical exercises and drills. Each type of emergency covered in the emergency response plan must be included in the training.

A lesson plan, staff training sign-up sheet with the dates and the times training should be provided, and proof of competency (testing) for each participant should be maintained by the Training Manager.

The Training Manager shall forward an annual report to the Sheriff and Chief Jail Administrator on the status of emergency response plan training. Any training deficiencies identified in this report should be rectified within 90 days of the report.

The facility emergency plan and all training shall be documented by the Training Manager and retained in accordance with established records retention schedules.

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Emergency Staffing Plan

401.1 PURPOSE AND SCOPE

The facility must operate at all times as a safe and secure environment, regardless of staffing levels. Consequently, contingency plans must be made in advance for any staffing emergency or planned job action, regardless of the length of the staffing deficit.

The purpose of this policy is to establish roles and responsibilities for creating and implementing emergency staffing plans, providing appropriate emergency staffing training to supervisory and management personnel, and identifying an update schedule and distribution list for the plan, as identified by the Sheriff or the authorized designee.

401.2 POLICY

It is the policy of this office to be prepared to operate a safe and secure facility in the event of a staffing emergency. Staffing emergencies that could negatively affect the good order the facility may include, but are not limited to, an outbreak of infectious disease, a work stoppage or strike by the staff, a natural disaster or other disruption. The Sheriff, Chief Jail Administrator or the authorized designee shall be responsible for ensuring that an appropriate emergency staffing plan exists.

401.2.1 EMERGENCY STAFFING

In the event the Chief Jail Administrator becomes aware that a staffing emergency exists or may occur, staff members who are present may be ordered to remain at their posts. The Chief Jail Administrator will notify the Sheriff. Plans should include measures to achieve minimum staffing for the facility within four hours of a staffing emergency and may include the following operational adjustments:

- The facility may go to a lockdown. Minimum activities, including visiting, exercise and other programs will be suspended only if necessary. Meals, cleaning, medical services, court transportation and attorney visits will continue. Other activities will be assessed by the Chief Jail Administrator on a case-by-case basis.
- Supervisory and management personnel may have time-off cancelled or rescheduled for the duration of the staffing emergency.
- Staff from other areas of the office who have custody experience may be used to fill vacancies in the facility.
- Assistance from allied agencies may be requested to help management and supervisors in safely staffing the facility.
- Contracting with surrounding facilities may be necessary if adequate staffing cannot be obtained to safely operate the facility.

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- In the event of a health-related staffing emergency, the office Exposure Control Officer and medical staff shall be notified in accordance with the Communicable Diseases Policy.

401.2.2 LEGAL ASSISTANCE

Employees of this office may not participate in work stoppages or strikes (RCW 41.56.120).

In cases where the Chief Jail Administrator becomes aware that a work stoppage is planned or has occurred, legal counsel should be consulted for assistance in preparing the necessary legal action to either prevent the work stoppage or to cause it to cease. Immediate contact with the employees' representatives may also be necessary to prevent or conclude the job action.

401.2.3 TRAINING

The Chief Jail Administrator or the authorized designee should be responsible for:

(a) Establishing a distribution list for the contingency plan.

(b) Establishing a periodic review and update of the plan.

(c) Ensuring that all supervisors and managers are periodically trained on the plan.

(d) Ensuring that all supervisors and managers are provided a copy of the plan and/or a means to access it in the event of an emergency.

(e) Documenting all training.

(f) Maintaining training records for each supervisor and manager and ensuring that those personnel periodically receive appropriate update training on the plan.

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Fire Safety

402.1 PURPOSE AND SCOPE

The threat of fire and toxic smoke in the facility represents a significant risk to the safety and security of the community, the staff, inmates, volunteers, contractors and visitors. The purpose of this policy is to clearly identify and conform to applicable federal, state and/or local fire safety codes, and to establish a process of creating, disseminating and training all individuals in the facility on the emergency plans for fire safety and evacuation.

402.2 POLICY

It is the policy of theIsland County Jail that fire prevention strategies are a high priority.

The Chief Jail Administrator shall ensure that a fire alarm and automatic detection system are installed, maintained and periodically tested. Any variance, exception or equivalency issues must be approved by the fire jurisdiction authorities, and must not constitute a serious life-safety threat to the occupants of the facility.

402.2.1 FIRE CODES

The Island County Jail shall conform to all federal, state and local fire safety codes.

402.2.2 FIRE PREVENTION RESPONSIBILITY

All staff, volunteers and contractors who work in the facility are responsible for the prevention of fires. They should be trained and given the tools to carry out the tasks necessary to reduce the risk of fire.

402.3 FIRE SUPPRESSION PRE-PLANNING

The Chief Jail Administrator shall, in cooperation with the local fire department or other qualified entity, develop a plan for responding to a fire. The plan shall include, but not be limited to:

(a) A fire suppression pre-plan by the local fire department, to be included as part of this policy.

(b) Fire prevention, safety inspection plans and record retention schedules developed by designated staff or as required by applicable law.

(c) Documentation of all fire prevention inspections, all orders to correct and all proofs of correction should be maintained for a minimum of two years or as otherwise required by law.

(d) An evacuation plan (see the Evacuation Plan Policy).

(e) A plan for the emergency housing of inmates in case of fire.

(f) The cross-training of responders and facility staff via drills, should occur at least quarterly, if practicable.

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402.4 FIRE PREVENTION EQUIPMENT

All required fire alarms, sprinklers and detection devices shall be in good working order at all times.

Should such a device become inoperative, the Chief Jail Administrator or the authorized designee shall be responsible for ensuring that emergency repairs are undertaken as soon as possible and that staff is provided with an alternative emergency fire safety and evacuation plan.

Any time any fire prevention system is inoperative and poses a serious life-safety risk, that portion of the facility shall not be inhabited by inmates or staff.

402.5 FIREFIGHTING EQUIPMENT

The Chief Jail Administrator shall ensure that the facility is equipped with the necessary firefighting equipment (e.g. fire hoses, extinguishers) in an amount and in a location as recommended by the local fire authority or other qualified entity. The locations of firefighting equipment will be shown on the facility fire plan (schematic).

While the staff is not trained as fully qualified firefighters, the Chief Jail Administrator or the authorized designee will ensure that the staff is trained to initially respond to a fire with the purpose of facilitating the safety of the occupants, including evacuation, if necessary.

402.5.1 SELF-CONTAINED BREATHING APPARATUS (SCBA)

Chief Jail Administrator

The Island County Jail no longer utilizes self contained breathing apparatus (SCBA) for staff to respond with. All SCBA has been removed from the Jail. Any response into an area that is smoke filled will be conducted by trained Fire Responders.

402.6 FIRE TRAINING

The Training Manager is responsible for ensuring that within the first six months of assignment to the facility all staff members receive training sufficient to demonstrate proficiency in facility fire response. The staff should also be trained in the use of the facility's firefighting equipment sufficient to demonstrate proficiency. The staff should receive refresher training at least annually on the use of firefighting equipment.

Each shift will have at least one designated staff member who is trained to maintain the facility's firefighting equipment.

402.7 INSPECTIONS

The Office shall be inspected by an appointed staff member, who is qualified to perform fire and safety inspections on a monthly basis to ensure that fire safety standards are maintained. These inspections will be focused on, but not limited to, fire prevention, staff training and proficiency, firefighting equipment availability and functionality, alarms, fire detectors, fire safety equipment, and staff familiarity with prevention and suppression techniques, suppression pre-planning, SCBA use, emergency response, fire safety equipment use and the evacuation plan.

The Chief Jail Administrator or the authorized designee shall ensure that staff conduct weekly fire and safety inspections of the facility and that all fire safety equipment is tested at least quarterly.

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A staff member shall be assigned to coordinate with local or state fire officials for any required inspections. The result of all fire inspections and fire equipment testing shall be provided to the Chief Jail Administrator and the Sheriff and maintained for a minimum of two years.

The Chief Jail Administrator has assigned each Shift Sergeant to be responsible for the above duties as they relate to their assigned shift. Each Shift Sergeant will be responsible to conduct a systematic inspection of the fire prevention equipment and will ensure that staff receive ongoing training on fire response protocols.

402.7.1 FURNISHINGS

All furnishings allowed in the facility shall meet fire authority standards for fire performance characteristics. Prior to the introduction of any furnishing into the facility, the staff shall receive clearance from the local fire authority as to its appropriateness.

402.7.2 FLAMMABLE, TOXIC AND CAUSTIC MATERIALS

The Chief Jail Administrator, in collaboration with the local environmental health expert, will review the type of materials introduced into the facility to ensure that they are controlled and used safely. All such materials will be safely stored and only used by inmates under the direction of the staff.

Currently all chemicals in use in the Island County Jail will be provided by EcoLab. These chemicals will have a rating of either 0 or 1. A safety binder will be maintained in the booking area that identifies each chemical and how medical responders will treat accidental exposures.

402.8 EMERGENCY HOUSING OF INMATES

The Chief Jail Administrator or the authorized designee shall develop a plan for the emergency housing of inmates in the event of a fire. The plan should include procedures for continuing to house inmates in the facility, identification of alternate facilities and the potential capacity of those facilities, inmate transportation options, and contact information for allied agencies. This plan shall be reviewed annually and revised if necessary.

The Island County Jail has Mutual Aid Agreements with other Jails in the region to assist with emergency housing. Currently Whatcom, Skagit and Snohomish County Jails are the alternate housing locations during emergency inmate transfers.

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Emergency Power and Communications

403.1 PURPOSE AND SCOPE

The Island County Sheriff's Office facility must continue to operate as a safe and secure environment regardless of emergencies, including electrical outages. The purpose of this policy is to establish guidelines regarding back-up power and communication systems, and the inspection, preventive maintenance and testing of the systems to ensure a seamless transition in the event of a loss of power.

403.2 POLICY

It is the policy of this office to ensure that power to critical systems and communications continues to operate within the facility in the event of a loss of power.

403.2.1 PREVENTIVE MAINTENANCE

It is the responsibility of the Sheriff and Chief Jail Administrator to ensure that there is sufficient emergency power to operate all essential lighting, security equipment, safety equipment and communications systems. The emergency power system should have sufficient fuel to allow the facility to operate continuously for a three-day period, if necessary, without external resources.

The emergency power system should be inspected, tested and maintained as necessary. In the event that the system fails, the Chief Jail Administrator or Shift Supervisor should contact the designated maintenance authority or repair company, to obtain necessary repairs as soon as practicable. If the emergency power system cannot be repaired within eight hours, portable emergency generators should be secured as a temporary emergency power source until the repair or replacement of the primary system occurs.

403.2.2 SAFETY AND SECURITY

All safety and security equipment will be repaired or replaced in an expedited manner by qualified personnel. In the event that safety and security equipment become inoperable or damaged and it is not safe to operate a secure portion of the facility, that portion of the facility should be vacated and the inmates housed elsewhere. Or, staffing should be increased sufficiently for the area to remain safe and secure until the repair can be completed.

403.2.3 INSPECTION AND TESTING

The Chief Jail Administrator is responsible for scheduled testing of emergency power systems. The power system manufacturer should be contacted for the required testing intervals and load information. The emergency power system should be load-tested in accordance with the manufacturer's recommendations or at least quarterly.

All emergency equipment and systems should be inspected by a qualified individual at least quarterly.

Power generators should be inspected and tested by a qualified individual at least weekly.

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All testing and inspections shall be documented and the results included in a report to the Chief Jail Administrator.

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Evacuation Plan

404.1 PURPOSE AND SCOPE

The purpose of this policy is to promote planning and to establish procedures, responsibilities and training requirements for the staff of the Island County Sheriff's Office Correctional Facility in case of fire and other emergency evacuations.

404.2 POLICY

The community, staff, volunteers, contractors and inmates should have a well-researched and validated evacuation plan that can be implemented in the event any portion of this facility requires evacuating due to an emergency (e.g. fire, smoke, flood and storm). All custody staff should be knowledgeable about the evacuation plan, policy and procedures.

404.3 EVACUATION PLAN

The Island County Sheriff's Office maintains an evacuation plan to be implemented in the event of a fire, natural disaster or other emergency. At minimum the evacuation plan shall address the following:

- Location of facility floor plans and building plans
- Procedures on how inmates are to be released from locked areas
- Relocation areas to be used for housing inmates in the event of a full or partial evacuation
- Notifications
- Training and drill requirements for staff
- Reporting requirements

The Chief Jail Administrator should ensure that the evacuation plan is maintained and updated as needed and is reviewed for accuracy at least annually by a qualified independent inspector and in coordination with the local fire authority.

A current copy of the evacuation plan shall be maintained in the Administration office and in the command area of each annex facility.

The evacuation plan should be periodically reviewed for consistency with any county Department of Emergency Management plans.

404.3.1 EXITS

All exits in this facility should be distinctly and permanently marked. Exit signs and directional arrows for traffic flow will be clearly visible and maintained in all public areas of the facility.

Except for temporary reasons, such as maintenance or repairs, all exits to the facility shall remain free from obstacles at all times regardless of the frequency of use. It is the duty of all staff to remove any obstructions that block, either partially or completely, staff's ability to observe or use any exit.

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All housing areas and places of assembly that are designed for occupancy of 50 individuals or more shall have two available exits.

404.3.2 EVACUATION PLANS AND ROUTES
Plans for evacuation routes will be posted in all public areas of the facility. All custody staff will be familiar with evacuation routes for inmates.

404.3.3 EMERGENCY HOUSING OF INMATES
The Chief Jail Administrator or the authorized designee shall develop a plan on the emergency housing of inmates in the event of a full or partial evacuation of the facility. The plan will address when inmates should be housed in place, identification of alternate facilities and the potential capacity of those facilities, inmate transportation options, and contact information for allied agencies. This plan shall be reviewed at least annually and revised if necessary.

404.4 TRAINING DRILLS

The Chief Jail Administrator should ensure that drills of the evacuation plan are conducted at least annually on each shift and for all facility locations. Drills will include staff and volunteers. The local fire agency may be invited to participate in one or more drills annually. Nonviolent and compliant inmates may participate. Violent and/or dangerous inmates or those known to be a flight risk will not be involved in the drills.

Drills should be designed to ensure that all staff members are proficient in their duties during each type of evacuation. Each drill should be documented as to its scope and participants. Upon completion of the drill, each staff member may be required to complete a written test to document knowledge and to show proficiency.

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Chapter 5 - Inmate Management

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Population Management System

500.1 PURPOSE AND SCOPE

The purpose of this policy is to establish a system of inmate population accounting that promotes the safety and security of the facility on a daily operational basis. It assembles data that enables the Office to forecast staffing and facility growth needs into the future, and to plan for the associated expenditures.

500.2 POLICY

It is the policy of this facility that an inmate population management system should be established and maintained to account for the admission, processing and release of inmates. The Chief Jail Administrator or the authorized designee is responsible for ensuring that detailed daily reports of the facility's inmate population are completed and maintained by the staff. The reports shall reflect the average daily population of sentenced and nonsentenced inmates by categories of adult male, adult female, juvenile male and juvenile female. The Chief Jail Administrator should collect and submit the data to the Sheriff in a monthly report within 10 working days of the end of each month. The Sheriff or the authorized designee should maintain the data in an accessible format for historical purposes, trend analysis and to respond to funding opportunities.

500.2.1 DATA COLLECTION

For each reporting period, the report should include, but will not be limited to:

(a) Current number of beds in:
    1. Compliance with local or state standards
    2. General housing
    3. Medical/mental health

(b) Average Daily Population (ADP) for:
    1. Minimum security
    2. Maximum security
    3. High security
    4. Administrative segregation

(c) Highest one-day inmate population

(d) Number and percentage of:
    1. Bookings
    2. Male inmates
    3. Female inmates
    4. Non-sentenced inmates

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5. Felony inmates
6. pretrial inmates released
7. Sentenced inmates released early due to lack of space
8. Inmates receiving psychotropic medication

(e) Number of inmates:

1. Enrolled in work release program
2. Enrolled in work furlough program
3. Assigned to home electronic monitoring program

(f) Number of:

1. Inmate-on-inmate assaults
2. Inmate-on-staff assaults
3. Escapes/attempted escapes
4. Active misdemeanor warrants
5. Active gross misdemeanor warrants
6. Active felony warrants
7. Inmate grievances and dispositions
8. Inmate disciplinary reports and dispositions

(g) Any other demographic information (e.g., gang activity)

The Chief Jail Administrator or the authorized designee is responsible for ensuring that all required information is supplied to the Washington Association of Sheriffs and Police Chiefs.

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Inmate Counts

501.1 PURPOSE AND SCOPE

Inmate counts are vital to the security of the facility, the safety of the staff and the welfare of the inmates. This policy establishes guidelines for the frequency of inmate counts, which ensures that all inmates and their status can be accounted for at any time.

501.2 POLICY

It is the policy of this office to account for all inmates within and under the control of this facility through scheduled and other counts as needed.

501.3 PROCEDURE

The Chief Jail Administrator or the authorized designee shall be responsible for creating and maintaining a written procedure establishing the process and frequency of counts. Inmate counts shall be conducted during meal periods and midnight daily. Emergency counts may be conducted at the direction of the Shift Supervisor as needed. Electronic counts shall not be substituted for direct staff observation.

All counts shall be documented on the daily activity log and verified by the Shift Supervisor. Counts shall include all inmates in custody, including those on work assignments, furlough, education release and those who are off-site, such as the hospital or court.

Any discrepancy in the count should immediately be reported to the Chief Jail Administrator and resolved prior to the release of the shift personnel responsible for the count. A formal count in which all inmates are personally identified by a deputy should be conducted once a day at a time established by the Chief Jail Administrator. The result of the formal count will be used to calculate the average daily population statistics for the facility.

In the event that an escape is discovered during the inmate count, the Shift Supervisor will initiate action to investigate the escape by promptly notifying law enforcement agencies and the Chief Jail Administrator, initiating a search, and complying with other procedures as needed in accordance with the Facility Emergencies Policy.

A complete report of the incident will be prepared and provided to the Chief Jail Administrator and Sheriff as soon as practicable.

All count sheets shall be signed by the Shift Supervisor and forwarded to the Records Section. Count sheets shall be maintained for a period of time prescribed by statute, ordinance or policy.

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Reception

502.1 PURPOSE AND SCOPE

This policy establishes guidelines for admission, including implementing security measures, processing initial classification, processing immigration detainers, identifying medical and mental health issues, seizing and storing personal property, and providing intake telephone calls.

502.2 POLICY

This office shall use the following standardized guidelines when receiving individuals to be booked into this correctional facility to maintain security and to respect individuals' civil rights.

502.3 PRE-BOOKING SCREENING

All individuals shall be screened prior to booking to ensure each individual is physically acceptable for admission and that all arrest or commitment paperwork is present (see the Medical Screening Policy). Required paperwork includes, as applicable:

(a) Arrest reports

(b) Probable cause declarations

(c) Warrants or court orders

(d) Victim notification information

(e) Documentation of needs related to religious practices, such as diet, clothing, and appearance (see the Religious Programs Policy)

(f) Accommodation requests related to disabilities (see the Inmates with Disabilities Policy)

(g) Information regarding suicidal statements or actions, or assessments of suicide risk

(h) Medical and mental health records

Any discrepancies in required paperwork should be resolved or missing documentation located before accepting the individual for booking from the arresting or transporting deputy.

Prior to accepting custody of an individual who claims to have been arrested due to a mistake of identity or an individual who claims that identity theft led to the issuance of a warrant in the individual's name, members shall make reasonable efforts to investigate the claim of identity fraud or mistake. Members shall notify a supervisor when an individual makes a claim of mistaken identity or identity fraud.

502.3.1 RECEIVING ARRESTEES

The Chief Jail Administrator should ensure that policies and procedures related to the admission process are be communicated to law enforcement agencies which commonly bring arrestees to the jail for booking, including:

(a) Arrestees in urgent need of medical attention should not be transported to this facility.

(b) Arrestees brought to this facility should be properly restrained.

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(c) Transporting officer should stay until the arrestee has been searched, screened and accepted.

(d) All information relevant and necessary to safely process and house the arrestee shall be requested from transporting officer.

Arresting agencies should properly assess an arrestees medical condition before bringing them to the facility. Instances where force has been used such as the application of Oleoresin Capsicum, Taser or other physical force may require the arresting agency to take the subject for a medical fit for confinement order at a medical facility before the arrestee will be accepted into the facility.

Arrestees who have a BAC level of 0.25 or higher may require a medical fit for confinement order from a medical facility before being accepted into the facility. The BAC level of 0.25 is a guideline and is at the discretion of the Booking Deputy or Supervisor within the facility.

Temporary Covid-19 Intake Process;

While Covid-19 restrictions are in place all inmates will be properly screened before accessing the jail. Inmates will be screened with the Covid-19 Questionnaire, temporal temperature will be checked with either a hand held thermal thermometer or thermal scanner, Antigen Rapid Testing shall be completed before the inmate is brought into the booking area or placed into a holding cell.

502.4 SEARCHES BEFORE ADMISSION

The Chief Jail Administrator shall be responsible for designating which items will be considered contraband, approved personal property, and excess personal property, and for creating procedures regarding the disposition of each category of property.

All individuals and their property shall be searched for contraband before being accepted for booking. All contraband items will be handled according to correctional facility procedures. Items of possible evidentiary value may be turned over to the arresting or transporting deputy for processing or be processed according to the correctional facility's rules for handling evidence (see the Disposition of Evidence Policy). Approved personal property should be accepted. Items not approved should be returned to the arresting or transporting deputy prior to the individual being accepted for booking, or disposed of according to correctional facility procedures. A description of the items returned to the arresting or transporting deputy shall be documented in the individual's booking record.

Searches shall be conducted in accordance with the Searches Policy.

502.5 ADMISSION PROCESS

A unique booking number shall be assigned to each individual specific to the current admission. Photographs and fingerprints shall be taken (RCW 43.43.735).

Members facilitating the admission process should attempt to gather a comprehensive record of each individual, including the following:

- Identifying information, including name and any known aliases or monikers
- Current or last known address and telephone number

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- Date and time of arrest
- Date and time of admission
- Name, rank, agency, and signature of the arresting deputy and transporting deputy, if different
- Health insurance information
- Legal authority for confinement
- Sex
- Gender identity
- Age
- Date of birth
- Race
- Height and weight
- Occupation and current or most recent employer
- Emergency contact, including name, address, telephone number, and relationship to the individual
- Driver license number and state where issued or state identification number
- Social Security number
- Additional information concerning special custody requirements or special needs
- Local, state, and federal criminal history records
- Notation of any unique marks or physical characteristics, such as scars, birthmarks, or tattoos
- Medical clearance, if applicable
- Suicide risk
- Inventory of all personal property, including clothing, jewelry, and money
- A record of personal telephone calls made at the time of booking or the opportunity to place calls if the calls were not made
- Name of booking staff member
- Records related to past periods of detention at the correctional facility

Members shall not inquire or collect information about an individual's immigration or citizenship status or place of birth unless there is a direct connection between the information and an investigation into a violation of state or local criminal law (RCW 10.93.160). Members shall be instructed to leave fields or check boxes on forms blank if related to place of birth, immigration or citizenship status, and national origin.

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502.5.1 LEGAL BASIS FOR DETENTION
Individuals admitted to the correctional facility shall be notified of the charge or other legal basis of confinement in a language they understand.

502.5.2 MISSING PERSON REPORT
When completing the admission process, if information from the National Crime Information Center, Washington Crime Information Center, or similar authority reveals that the individual is the subject of a missing person report, the Island County Sheriff's Office shall notify the agency with original jurisdiction for the missing person report that the individual is in custody (RCW 68.50.320).

502.5.3 TRIBAL LAW ENFORCEMENT NOTIFICATION
If an individual's criminal history records show that the individual is a tribal fugitive and the subject of an arrest warrant issued by a noncertified tribe, the Island County Sheriff's Office shall notify the tribal law enforcement agency that the individual is in custody, the reason for the detention, and the anticipated date of release, if known (RCW 10.32.010; RCW 10.32.030).

502.6 INMATE STATUS CHANGE FORM

Once an inmate is brought into the booking area the Deputy completing the booking will provide the Control Room Operator or Deputy with the Inmate Name and Number. The Control Room Operator or Deputy working the control room will update the Facility Status Change and Count Form with the following information;

1. Date of admission into the facility
2. Time of admission into the facility
3. Status # will be increased in sequential order from last documented number
4. Status type will selected from the dropdown arrow; Intake or EHM
5. Inmate name(s) and number will be added
6. Count numbers will be updated to reflect appropriate counts
7. Completed by will list the CRO or Deputy name and staff number

Once the status update has been completed the Control Room Operator or Deputy working the control room will print and post the updated status in the control room and forward a digital copy via email to the ICSOJailSupervisor email.

502.7 TRANSITION FROM RECEPTION TO HOUSING UNITS

The Shift Supervisor or the authorized designee is responsible for ensuring only individuals who qualify are placed into appropriate housing. Those who will not be housed include individuals who are:

(a) Eligible for release following citation.

(b) Intoxicated or under the influence of any intoxicating substance.

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(c) Arranging bail. Such individuals should be permitted a reasonable amount of time, at the discretion of the Shift Supervisor or designee, to make telephone calls before being housed.

502.7.1 MONITORING FOR SIGNS OF INTOXICATION AND WITHDRAWAL

Members should respond promptly to an individual's complaint of symptoms and remain alert to signs of drug and alcohol overdose and withdrawal, which include but are not limited to sweating, nausea, abdominal cramps, anxiety, agitation, tremors, hallucinations, rapid breathing, and generalized aches and pains. Any member who suspects that an individual may be suffering from overdose or experiencing withdrawal symptoms shall promptly notify the Shift Supervisor and the appropriate medical staff.

502.7.2 SEPARATION

Individuals should be kept separate from admitted individuals during the admission process. When justified, individuals may be moved to administrative segregation during the booking process (see the Special Management Inmates Policy).

Newly admitted individuals should be separated according to the correctional facility's classification plan (see the Inmate Classification Policy).

502.8 PROPERTY CONTROL

All approved personal property received from individuals at the time of booking shall be inventoried. A receipt referencing the individual's booking number should be signed by the individual and the booking member. The original copy of the property receipt should be retained and placed in the individual's file and/or with the property. A second copy should be presented to the individual at the time of booking. Excess personal property shall be handled according to correctional facility procedures.

502.8.1 VERIFICATION OF MONEY

All monies belonging to the individual shall be verified in front of the individual. The individual should initial the dollar amount on the booking sheet. All money should be placed in a separate envelope and sealed.

Negotiable checks or other instruments and foreign currency shall also be sealed in an envelope with the amount indicated but not added to the cash total. Jewelry and other small property shall also be sealed in an envelope. All envelopes shall clearly indicate the contents on the front. The member sealing an envelope shall initial across the sealed flap. Should any money be withdrawn or added to the cash envelope, the member making the change shall enter the new amount below the original entry on the booking sheet, initial it, and write the new total on the outside of the envelope.

502.8.2 PROPERTY STORAGE

All approved property should be stored in a secure storage area. Only authorized personnel may access the storage area and only for the purpose of depositing or retrieving property, or to

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conduct authorized work, including maintenance and other duties as directed by the Chief Jail Administrator.

502.9 TELEPHONE CALLS

Every individual should be allowed to make a reasonable number of completed telephone calls as soon as possible after arrival.

(a) Telephone calls may be limited to local calls, but long-distance calls may be made by the individual at their own expense.

1. The Office should pay the cost of any long-distance calls related to arranging for the care of a child or dependent adult.

(b) The individual should be given sufficient time to make any necessary arrangements, including child or dependent adult care, or transportation upon release.

1. These telephone calls are not intended to be lengthy conversations. The member assigned to monitor or process the individual may use their judgment in determining the appropriate duration of the calls.

(c) Calls to an attorney shall be deemed confidential and shall not be monitored, eavesdropped upon, or recorded.

There is no obligation for members to make a telephone call on an individual's behalf; however, members shall facilitate reasonable accommodations to individuals with disabilities to make phone calls (see the Inmates with Disabilities Policy). A member is not required to wake a sleeping individual so that the individual may complete a call. The individual should be provided the opportunity to make telephone calls once awake.

502.9.1 TELEPHONE CALL PROCEDURES

The Office will pay the cost of local calls. Long distance calls will be paid by the inmate, using calling cards or by calling collect.

Calls between the inmate and his/her attorney shall be deemed confidential and shall not be monitored, eavesdropped upon or recorded (RCW 9.73.095(4)).

The provisions of RCW 9.73.095 shall be posted in bold block type in a conspicuous place within the custody facility.

502.9.2 ONGOING TELEPHONE ACCESS

Ongoing telephone access for inmates who are housed at this facility will be in accordance with the Inmate Telephone Access Policy.

502.10 SHOWERING AND CLOTHING EXCHANGE

Individuals may be required to shower before being dressed in clean jail clothing. Showering should occur before transfer from the temporary holding area to a housing unit (see the Inmate Hygiene Policy).

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502.11 IMMIGRATION DETAINERS

No individual should be held based solely on a federal immigration detainer under 8 CFR 287.7 unless the individual has been charged with a federal crime or the detainer is accompanied by a judicial warrant (RCW 10.93.160).

502.11.1 IMMIGRATION INQUIRIES

Deputies shall not (RCW 10.93.160):

(a) Inquire or collect information about an individual’s immigration or citizenship status, or place of birth unless there is a connection between the information and an investigation into a violation of state or local criminal law.

(b) Provide information pursuant to notification requests from federal immigration officials for the purpose of civil immigration enforcement, except as required by law.

No individual shall be held in custody solely for the purpose of determining immigration status (RCW 10.93.160).

502.11.2 IMMIGRATION OFFICIAL INTERVIEWS

Members shall not give federal immigration officials access to interview an individual about a noncriminal matter while in custody, except where allowed by state or federal law, court order, or by consent of the individual (RCW 10.93.160).

Permission may be granted to a federal immigration official to conduct an interview regarding federal immigration violations with an individual if the individual consents in writing to be interviewed. The Island County Sheriff's Office shall provide the individual with an oral explanation and a written consent form that explains the purpose of the interview, the interview is voluntary, and that the individual may decline to be interviewed or choose to be interviewed with the individual's attorney present. The form must explicitly state that the individual will not be punished or suffer retaliation for declining to be interviewed. The form shall minimally be available in English and Spanish. The form shall be explained orally to an individual who is unable to read the form or, if necessary, explained by an interpreter from the Washington State Patrol (WSP) communications center language line or other WSP resources (RCW 10.93.160).

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Inmate Handbook and Orientation

503.1 PURPOSE AND SCOPE

This policy provides for the orientation of inmates booked into the Island County Sheriff's Office facility. The purpose of the orientation is to inform inmates of the correctional facility routine, rules, inmate rights and services.

503.2 POLICY

The Chief Jail Administrator shall provide an effective method of orienting all incoming inmates that includes an inmate handbook. The orientation should take place within 24 hours of an inmate's admission and in any event prior to the inmate being moved to general population housing, and should be an ongoing process in the housing area so that the information is available to the inmates throughout their entire time in custody.

503.2.1 INITIAL ORIENTATION

To assist with the inmate's transition into a custody environment, the orientation will include the following topics, supplemented by a more detailed inmate handbook that will be provided to each inmate:

(a) Facility rules and disciplinary sanctions

(b) Correspondence, visiting, and telephone rules

(c) Availability of personal care items and opportunities for personal hygiene

(d) Inmate grievance procedure

(e) Co-pays, fees, and charges

(f) Medical, dental, and mental health services

(g) Possibilities for pretrial release

(h) Programs and activities, including application procedures

(i) Classification/housing assignments and appeal procedures

(j) Court appearance, where scheduled, if known

(k) Sexual abuse and sexual harassment information including the following (28 CFR 115.33):

1. Facility's zero-tolerance policy
2. Prevention and intervention
3. Instruction on how inmates can avoid being victims of sexual abuse and sexual harassment through self-protection techniques
4. Reporting sexual abuse or sexual harassment incidents, including how to report such incidents anonymously
5. Treatment and counseling for victims of sexual abuse or sexual harassment

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6. Mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, state, or national victim advocacy or rape crisis organizations (28 CFR 115.53)
7. Information regarding confidentiality, monitoring and mandatory reporting

(l) Contacting foreign consuls

(m) Requests for religious accommodations

(n) Emergency procedures (e.g., fires, evacuations)

(o) Voting, including registering to vote

(p) Approved list of personal articles and materials

(q) Privileged mail as opposed to personal mail

In addition to English, orientation information will be provided in the most commonly used languages for the inmate population.

The Chief Jail Administrator should consider enlisting the assistance of volunteers who are qualified and proficient in both English and the language in which they are providing translation assistance to translate the orientation information. Use of outside translation sources may also be considered.

Interpretive services will be provided to inmates who do not speak English or any of the other languages in which the orientation information is available.

A written and signed acknowledgment of the orientation and receipt of the handbook should be maintained in the inmate's permanent file (28 CFR 115.33).

503.2.2 ORIENTATION FOR NON-READERS, VISUALLY IMPAIRED AND DEAF OR HARD-OF-HEARING INMATES

Inmates who cannot read, are visually impaired or have intellectual, psychiatric or speech disabilities or limited reading skills, shall have materials read to them by a staff member or presented to them using audible recorded media (28 CFR 115.16).

Inmates who are deaf or hard of hearing shall be provided with interpretation services. Reasonable efforts should be made by the staff to assist the inmate in understanding the information.

503.3 FEMALE INMATES

Information regarding the use of restraints on inmates who are pregnant, in labor, or in postpartum recovery should be provided to all female inmates of childbearing age during intake (RCW 70.48.500; RCW 70.48.501).

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Inmate Safety Checks

504.1 PURPOSE AND SCOPE

The purpose of this policy is to establish a requirement for conducting visual safety checks at least every 60 minutes for all inmates, and for creating and maintaining a log to document all safety checks.

504.2 POLICY

It is the policy of the Island County Sheriff's Office that all correctional staff shall conduct safety checks at least once every 60 minutes on all inmates, or more frequently as determined by inmate custody status and/or housing classification.

Safety checks shall be made through direct visual observation. Cameras and monitors may supplement the required visual observation safety checks but they shall not replace the need for direct visual observation. Safety checks will be clearly documented on permanent logs in accordance with the office Daily Activity Logs and Shift Reports Policy.

504.3 SAFETY CHECKS

The staff shall adhere to the following procedures when conducting safety checks:

(a) Safety checks shall be conducted at least every 60 minutes and more frequently if necessary.

(b) Safety checks shall be conducted on an irregular schedule (staggered) so that inmates cannot predict when the checks will occur.

(c) Safety checks shall be done by personal observation of the deputy and shall be sufficient to determine whether the inmate is experiencing any stress or trauma.

(d) Cameras and monitors may supplement the required visual observation safety checks but they shall not replace the need for direct visual observation.

(e) Safety checks will be clearly documented on permanent logs in accordance with the office Daily Activity Logs and Shift Reports Policy.

(f) Actual times of the checks and notations should be recorded on the daily activity logs.

(g) Log entries shall never be made in advance of the actual check. Log entries made in this manner do not represent factual information and are prohibited.

(h) Special management Inmates shall be checked more frequently as detailed in the Special Management Inmates Policy.

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Special Management Inmates

505.1 PURPOSE AND SCOPE

Inmates who pose a heightened risk to themselves or others require special management, including frequent interaction and increased supervision by staff. Interaction with special management inmates is essential to maintaining a safe, secure and humane environment. This policy establishes guidelines and procedures for interacting with special management inmates in the custody of the Island County Sheriff's Office.

505.1.1 DEFINITIONS

Definitions related to this policy include:

Administrative segregation - The physical separation of an inmate who is prone to escape or assault staff or other inmates, or one who is mentally deficient, in need of medical isolation or infirmary status. This is a non-punitive classification process.

Disciplinary segregation - The status of an inmate who has been found guilty of a serious rule infraction that poses a risk to others, self, security and or safety of the facility.

Protective custody - A level of custody either requested or required for an inmate's protection from others.

Medical/Mental Health Watch - When an inmate has been identified by staff to have high risk medical issues, or may pose a risk to themselves or others based on mental health issues, may be placed on a watch status for their own safety.

Special management inmate - An inmate who falls into either of the previously mentioned classifications.

505.2 POLICY

This office shall provide for the secure and segregated housing of any inmate, but shall not impose more deprivation of privileges than is necessary to obtain the objective of protecting the inmate, staff or the public. Whenever possible other less restrictive means will be used before placing an inmate on a segregation or restricted status.

505.3 SPECIAL MANAGEMENT INMATES HOUSING CRITERIA

The safety and security of this facility is dependent on a classification system that identifies inmates who pose a risk to themselves or to others. Inmates who pose such a risk must be promptly and appropriately segregated from the general inmate population until such time that they no longer pose a risk. Staff must have the ability to promptly segregate these inmates pending further review.

Individuals who may be classified as special management inmates include, but are not limited to, inmates who are:

- In protective custody or court-imposed segregation.
- Exhibiting mental health concerns.

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- An escape threat.
- A serious violence threat.
- Known to have gang affiliation.
- A known management problem.
- A suicide risk.
- Exhibiting medical issues.
- Physically impaired.

505.4 CIRCUMSTANCES REQUIRING IMMEDIATE SEGREGATION

Inmates will generally be assigned to segregation through the classification process. The Chief Jail Administrator or Shift Supervisor has the authority to immediately place any inmate into segregation when it reasonably appears necessary to protect the inmate or others (see the Disciplinary Segregation Policy).

Reasons that an inmate may be placed into immediate segregation include the following:

(a) The inmate requests protection or is under court-ordered protection, or the staff has determined that the inmate requires protection.

(b) There is reason to believe the inmate poses a danger to him/herself or others.

(c) The inmate poses an escape risk.

(d) The inmate requires immediate mental health evaluation and medical housing is not reasonably available.

(e) The inmate is charged with a disciplinary infraction and is awaiting a disciplinary hearing. In the judgment of the staff, the inmate may become disruptive or dangerous if left in general population.

(f) The inmate is in the process of being transferred to a higher security classification.

(g) Other circumstances where, in the judgment of the staff, the inmate may pose a threat to him/herself, others or the security of the facility.

505.4.1 REVIEW PROCESS

The Chief Jail Administrator shall be notified when any inmate is placed in immediate segregation and shall be informed of the circumstances leading to the order to segregate. Within 72 hours of the inmate being placed into segregation, the Chief Jail Administrator or the authorized designee must review the circumstances surrounding the segregation to determine which of the following actions shall be taken:

(a) The inmate is designated for administrative segregation.

(b) The inmate is designated for protective custody.

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(c) The inmate remains segregated pending a disciplinary hearing.

(d) The inmate is returned to general inmate population.

505.5 PROTECTIVE CUSTODY

The deputy responsible for assigning classifications to incoming inmates shall clearly document the reason an inmate should be placed into protective custody. Inmates in need of protective custody may be placed in a segregation unit when there is documentation that the protective custody is warranted and segregation is the least restrictive alternative reasonably available.

Inmates who are in protective custody shall receive all services and programs that are available to inmates in general population and that are deemed a privilege. Any deviation from allowing usually authorized items or activities shall be documented on the inmate's file.

Any inmate requesting protective custody will do so in writing outlining the perceived threat. A determination on placement will be made by the on shift supervisor and reviewed by the Chief Jail Administrator within 72 hours.

505.6 MAINTENANCE OF PRIVILEGES

Inmates who are classified for housing in administrative segregation or protective custody shall, at a minimum, be allowed access to programs and services including, but not limited to, the following:

- Inmate telephones
- Family visitation
- Educational programing appropriate to the inmate classification as available
- Access to commissary services dependent on appropriate behavior
- Library and law library services
- Social services
- Faith-based guidance, counseling and religious services
- Recreation activities and exercise
- Social and professional visits

Nothing in this policy prohibits changing the delivery of programs or services to segregated inmates in order to provide for the safety and security of other inmates and staff.

505.7 REVIEW OF STATUS

The Shift Supervisor or classification officer shall review the status of all inmates who are housed in segregation units and designated for administrative segregation or protective custody. This review shall occur every seven days for the first two months of segregation and at least once every 30 days thereafter. The review should include information about these inmates to determine whether their status in administrative segregation and protective custody is still warranted.

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If other reasonable housing options exist that will provide for the safety of the inmate, the inmate should be moved out of segregation. In reviewing an alternative housing decision, the safety of the inmate shall receive the utmost consideration.

505.7.1 STATE INMATES

The following procedures are required for all state facilities. Local facilities may be required to follow these procedures if housing state prisoners under contract.

Immediately after placement in non-disciplinary segregation, the Shift Supervisor or the authorized hearing officer will inform the inmate in writing of the reason for the inmate's segregation and the date, time and place of the initial review meeting.

Within two days of placement in segregation, the Chief Jail Administrator, Shift Supervisor or the authorized hearing officer will meet with the segregated inmate and give the inmate an opportunity to respond to the written reasons for the inmate's segregation placement. The Shift Supervisor or authorized hearing officer will submit a report to the Chief Jail Administrator that shall include the reasons for segregation, the inmate's response and any information supporting protective custody, special restrictions, monitoring of special medications or diets and a recommendation of whether to continue the segregation (WAC 137-32-010).

505.8 HEALTH EVALUATION REQUIREMENTS

After notification from staff that an inmate is being placed in segregation, the Shift Supervisor shall ensure that the following occurs as soon as reasonably possible:

(a) A qualified health care professional shall review the inmate's health record to determine whether existing medical, dental or mental health needs contraindicate the placement or require special accommodations.

(b) If contraindications or special accommodations are noted, the qualified health care professional shall inform the Shift Supervisor and coordinate the appropriate plan for the inmate based on the safety needs of the facility and the medical needs of the inmate.

505.8.1 HEALTH CONSIDERATIONS

Due to the possibility of self-inflicted injury and depression during periods of segregation, health evaluations should include notations of any bruises and other trauma markings and the qualified health care professional's comments regarding the inmate's attitude and outlook.

(a) Unless medical attention is needed more frequently, each inmate in segregation should receive a daily visit by medical staff. A medical assessment should be documented in the inmate's medical file.

(b) A qualified health care professional shall also conduct weekly rounds for a mental health evaluation.

When an inmate is classified as a special management inmate due to the presence of a serious mental illness and is placed in a segregation setting, the staff shall document this in the inmate's

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file and notify the qualified health care professional. When an inmate is expected to remain in segregation for more than 30 days (based upon disciplinary decisions, protective needs or other factors), the qualified health care professional shall be notified.

Where reasonably practicable a qualified health care professional should provide screening for suicide risk during the three days following admission to the segregation unit.

505.9 SAFETY CHECKS "THE KEATON FARRIS PROCESS"

A staff member shall conduct a face-to-face safety check of all special management inmates, including those housed in administrative segregation or protective custody regularly throughout their shift Inmates with medical or mental health related issues may be placed on observation and personally observed by staff every 15 minutes on an irregular schedule.

Inmates who are at risk of suicide shall be under continuous observation until seen by a qualified health care professional. Subsequent supervision routines should be in accordance with orders provided by the qualified health care professional.

Special management inmates shall receive increased monitoring to include, at a minimum:

(a) A daily visit by a shift supervisor

(b) A daily visit by medical staff

(c) A weekly visit by the Chief Jail Administrator or the authorized designee.

(d) Visits by members of the program staff, upon request.

If during a cell front assessment by medical staff it is determined the offender should be medically assessed, custody staff will be assembled and the offender will be escorted to the medical trauma room.

All management, program staff and qualified health care professional visits shall be documented in the appropriate records and logs and retained in accordance with established records retention schedules.

505.10 LOG PROCEDURES

When an inmate is on a restricted or watch status, staff will use the "Inmate Daily Multi-Purpose Log" form to track all events until the inmate has been removed from that status by a supervisor. Handwritten logs should be completed in ink. Once an entry is made it should not be modified. If corrections or changes are needed they should be done by way of a supplemental entry. Electronically captured logs will be maintained in a way that prevents entries from being deleted or modified once they are entered. Corrections or changes must be done by way of supplemental entries. At a minimum the log will contain the following:

- Inmate name
- Inmate identification number
- Housing location

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- Classification status
- Date admitted
- Date and time of entry and exit from the cell
- Type of infraction or reason for admission
- Tentative release date
- Any special medical or psychiatric problems or needs
- Counseling for behavior

See attachment: Inmate Daily Multi Purpose Log Policy 505.pdfSee attachment: Inmate Daily Multi Purpose Log Continued Form Policy 505.pdf

Log entries should be legible, entered promptly and provide sufficient detail to adequately reflect the events of the day for future reference.

The date and time of the observation or incident and the name and identification number of the staff member making the log entry shall be included on each entry.

Supervisors should review the logs on a daily basis during the shift and enter comments as appropriate. At minimum, supervisors should enter the date and time of each review.

All safety checks will be documented in detail and should include the exact time of the safety check and the identification information of the employee conducting the check. Once an inmate is removed from restricted or watch status all the documents will be gathered, reviewed by the on duty Shift Supervisor, scanned in and attached to the inmate Spillman Log associated with the incident. The hard copy documents will then be retained with the inmate file per the retention record policy.

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Management of Weapons and Control Devices

506.1 PURPOSE AND SCOPE

This policy will address the availability and control of weapons.

506.2 POLICY

It is the policy of the Island County Sheriff's Office that the presence and the use of weapons in the correctional facility will be tightly controlled and supervised to reduce the potential for injury. Staff will only carry and use those weapons for which they have been trained in and are qualified to use.

506.3 FIREARMS

With the exception described below, armed personnel shall secure all firearms in gun lockers located at the entry points prior to entering the secure perimeter. Firearms shall not be stored inside the secure perimeter at any time.

Firearms shall only be allowed in the secure perimeter of the facility when it is necessary to protect the safety and security of staff, inmates, contractors, volunteers or the public.

Firearms shall only be allowed inside the secure perimeter with the approval of the Chief Jail Administrator or authorized designee and under the direct supervision of a supervisor.

During reception of new arrests into the jail or the transport of inmates in/out of the facility, all firearms will be secured in a gun locker or secure location within the vehicle before an arrestee/inmate is brought out of the vehicle or into the garage area. At no time will an arrestee/inmate be moved to/from a vehicle in the jail garage until all firearms are secured.

506.4 OTHER WEAPONS, TOOLS AND CHEMICAL AGENTS

Office-approved weapons, tools and chemical agents, including, but not limited to;, batons, CEWs, impact weapons, weapon-fired projectiles, noise/flash distraction devices, sting grenades and similar devices, may be possessed and used only by custody staff members who have received office-authorized training and are qualified to use them.

Office-approved weapons, tools and chemical agents shall only be allowed inside the secure perimeter with the approval of the Chief Jail Administrator or the authorized designee.

506.5 STORAGE OF WEAPONS, CHEMICAL AGENTS AND CONTROL DEVICES

The armory shall be located in a secure and readily accessible repository outside of inmate housing and activity areas. It shall be secured at all times. Access to the armory shall be limited by the Chief Jail Administrator or the authorized designee. Only personnel who have received office-approved training in the maintenance of the stored equipment and who have been designated by the Chief Jail Administrator are authorized to be inside the armory.

The following equipment may be stored and secured in the armory:

(a) All office-approved weapons

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(b) All office-approved control devices and associated supplies, with the exception of the CEW

(c) All security equipment, such as helmets, face shields, stab or protective vests and handheld shields

(d) All office-approved chemical agents

The following equipment shall be stored in the Facility Control Room:

(a) 40mm launcher

(b) 40mm munitions

(c) O/C Products

(d) EID Shield

(e) Clear Shield

(f) Respirators

(g) REACT BANDIT

(h) Taser

Staff properly trained on the use of the Taser device may check one out during their assigned shift. Staff will enter the Control Room to inspect and arc test the device. At no time will a Taser device be passed to staff using the pass through. Staff will document receipt of Taser device on the daily log. Staff may pass the Taser device off to oncoming staff during shift pass down. Oncoming staff will be responsible to log receipt of the device on the daily log.

Explosive materials will be stored in a safe approved by the Bureau of Alcohol, Tobacco, Firearms and Explosives (ATF) and in compliance with 27 CFR 555.201 et seq.

The Island County Jail may also store the above noted equipment in the Gun Safe located in the Jail Vehicle Garage or the Gun Safe located in the Sheriff's main building. These locations may be accessed by staff trained in the use of this equipment.

506.5.1 WEAPONS LOCKER

Secure weapons lockers are located in the following three locations;

- Jail Lobby
- Jail Garage
- Sky-Walk "Green Mile"

506.5.2 INVENTORY

The Chief Jail Administrator should designate one or more properly trained staff to be responsible for maintaining all weapons, chemical agents and control devices in a safe and secure manner, and to inventory and report the condition and availability of the facility's weapons and control devices on a monthly basis.

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To facilitate the inventory, all weapons, chemical agents and control devices shall be stored in assigned locations inside the armory. A log sheet shall be maintained within the armory at all times, detailing the exact location of each item. The removal of any weapon, chemical agent or control device shall be documented on the log sheet, showing who removed the item, the date and time of removal and the reason for removal. An additional log entry shall be made indicating the date and time of the item's return.

The Shift Supervisor and the Chief Jail Administrator shall be immediately notified in the event that any weapon, chemical agent or control device is determined to be missing. An immediate and thorough search of the facility shall take place in order to locate the item.

506.5.3 REVIEW, INSPECTION AND APPROVAL

Every control device and chemical agent will be periodically inspected for serviceability and expiration dates by the Armorer or the instructor designated to train on the use of a particular control device or chemical agent. The Armorer or the designated instructor is responsible to ensure replacement of outdated or unserviceable items.

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Inmate Classification

507.1 PURPOSE AND SCOPE

This policy describes the Island County Sheriff's Office's classification process, which is designed to identify security and health issues so that inmates may be held in such a way as to foster a safe and secure facility.

507.1.1 DEFINITIONS

Definitions related to this policy include:

Civil detainee - Any person held in custody for a reason other than for criminal matters.

507.2 POLICY

All arrestees and detainees entering this facility will be processed to determine whether they will be housed in the facility, cited and released, released on their own recognizance (O.R.) or bail, or released back to the community through an appropriate release mechanism, including alternatives to incarceration programs, such as electronic supervision.

It is the policy of this office to properly classify inmates according to security and health risks so that appropriate supervision, temporary holding and housing assignments may be made.

507.3 CLASSIFICATION PLAN

The Chief Jail Administrator or authorized designee should create and maintain a classification plan to guide staff in the processing of individuals brought into the facility.

The plan should include an initial screening process, as well as a process for determining appropriate housing assignments (28 CFR 115.42). The plan should include use of an objective screening instrument, procedures for making decisions about classification and housing assignments, intake and housing forms and a process to ensure that all classification and housing records are maintained in each inmate's permanent file. The plan should include an evaluation of the following criteria:

- Age
- Sex
- Current charges
- Behavior during arrest and intake process
- Criminal and incarceration history
- Mental and emotional stability
- Potential risk of safety to others or self
- Special management inmate status
- Special needs assessment for vulnerable inmates

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- Behavioral or physical limitations or disabilities
- Medical status
- Level of sobriety at booking
- Suicidal ideation
- Escape history and degree of escape risk
- History of assaultive behavior
- The need to be separated from other classifications of inmates (e.g., juvenile offenders gang affiliation, confidential informant, former law enforcement, sexual orientation)
- Prior convictions for sex offenses against an adult or child
- Whether the inmate is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender non-conforming (see Prison Rape Elimination Act Policy for transgender and intersex definitions)
- Previous sexual victimization
- The inmate’s own perception of his/her vulnerability
- Whether the inmate is a foreign national and if so from what country (see Foreign Nationals and Diplomats Policy)
- Prior acts of sexual abuse, prior convictions for violent offenses, and history of prior institutional violence or sexual abuse, as known to the Office (28 CFR 115.41)
- Any other criteria as deemed appropriate by the Sheriff or the authorized designee

The plan should include a methodology for evaluating the classification process and a periodic review for the purpose of continuous quality improvement.

Information obtained in response to screening questions shall be considered confidential and shall only be made available to those who have a legitimate need to know (28 CFR 115.41).

507.3.1 CLASSIFICATION PROCESS MONITORS

The Sergeant’s will be designated as classification process monitors.

(a) Shift Sergeant will be responsible for ensuring all new bookings have been classified correctly.

(b) Shift Sergeant will be responsible for ensuring that all assessments are done.

(c) Shift Sergeant will be responsible for ensuring that the bookings are done correctly.

(d) Each Shift Sergeant after auditing the booking will then place a white sticker on the lower spline of the book with their personnel number on it. This white sticker will signify that the booking has been audited.

507.3.2 INMATE RESPONSE TO SCREENING

Inmates may not be compelled by threat of discipline to provide information or answers regarding (28 CFR 115.41):

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(a) Whether the inmate has a mental, physical or developmental disability.

(b) Whether the inmate is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming.

(c) Whether the inmate has previously experienced sexual victimization.

(d) The inmate's own perception of vulnerability.

507.4 INITIAL CLASSIFICATION

The initial classification process is intended to identify predatory, violent and at-risk inmates. It should occur early in the intake process to allow for appropriate supervision while an inmate is being temporarily held in this facility and until a decision is made to place the individual into a more permanent housing assignment.

Inmates should be interviewed by an intake deputy as soon as possible in the booking process. The intake deputy shall complete the initial classification form. The initial classification form should include a place for the intake deputy to make a housing recommendation. This recommendation should be based on the initial classification form, an assessment of the inmate's condition and the inmate's interview.

The initial classification form shall be placed in the inmate's file and provided to the classification deputy, who will, within the limits of available resources, determine the appropriate temporary housing location.

507.5 CLASSIFICATION UPON HOUSING

Once it has been determined that the person arrested will not be released from custody on bail or O.R., a more in-depth classification of the inmate will be conducted as soon as possible but no later than 24 hours after the inmate's arrival at the facility, after which the inmate will be moved to more permanent housing.

507.5.1 INTERVIEW

The comprehensive classification process begins with a review of any initial classification information obtained during the reception and booking process, as well as an interview by the classification deputy. The review of initial classification documents and the questions, answers and observations from the inmate's interview will be documented and numerically scored, representing the security level and housing assignment appropriate for each inmate.

Individualized determinations shall be made about how to ensure the safety of each inmate (28 CFR 115.42).

507.5.2 OVERRIDE

The classification deputy has the authority to override the scores when it appears necessary to more appropriately assign housing. The override capability exists to use the classification deputy's training and expertise in those instances when the numerical scores are not reflective of the inmate's potential security or health risk. All overrides will be reviewed by a supervisor and are intended to be an exception, rather than the rule.

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507.6 REVIEWS AND APPEALS

Once an inmate is classified and housed, he/she may appeal the decision of the classification deputy. The appeal process shall begin at the first-line supervisor level. The decision by the supervisor may be appealed to the Chief Jail Administrator or the authorized designee. The decision by the Chief Jail Administrator or the authorized designee is final.

507.6.1 PERIODIC CLASSIFICATION REVIEWS

The classification deputy shall review the status of all inmates who have been incarcerated in the facility for more than 30 days. Additional reviews should occur each 30 days thereafter. The review should examine changes in the inmate's behavior or circumstances and should either raise, lower or maintain the classification status (28 CFR 115.41).

Housing and program assignments for each transgender or intersex inmate shall be reassessed at least twice each year to review any threats experienced by the inmate (28 CFR 115.42).

Inmate risk levels shall be reassessed when required due to a referral, request, incident of sexual abuse, or receipt of additional information that increases the inmate's risk of sexual victimization or abusiveness (28 CFR 115.41).

507.6.2 STAFF REQUESTED REVIEW

At any point during an inmate's incarceration, a staff member may request a review of the inmate's classification. The reason for the review, the review itself and the outcome of the review shall be documented in the inmate's permanent file. Nothing in this section shall prohibit staff from immediately moving an inmate to another location in the facility based on exigent circumstances. Under such circumstances, the staff member moving the inmate must immediately document the action and notify the classification deputy.

507.7 HOUSING ASSIGNMENTS

Inmates should be housed based upon the following criteria:

- Classification level
- Age
- Sex
- Legal status (e.g., pretrial or sentenced)
- Special problems or needs
- Behavior
- Any other criteria identified by the Chief Jail Administrator

507.8 CLASSIFICATION SPACE ALLOCATION

The classification plan depends on the ability of the facility to physically separate different classes of inmates. To ensure that allocated space meets the current population needs, the Chief Jail

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Administrator or the authorized designee should periodically meet with representatives of the classification deputies to discuss the fixed resources (e.g., cells, dorms, dayrooms).

The Chief Jail Administrator should report at least quarterly to the Sheriff on the ability of the facility to operate safely and securely and to perform its mission.

507.9 SINGLE-OCCUPANCY CELLS

Single-occupancy cells may be used to house the following categories of inmates:

- Maximum security
- Administrative segregation
- Severe medical disabilities (upon consultation with medical staff and the availability of medical beds)
- Severe mental illness (upon consultation with mental health staff and the availability of mental health beds)
- Sexual predators
- Any inmate with an elevated risk of being exploited or victimized by others
- Any inmate whose condition or status indicates a special need for single-occupancy housing

The classification supervisor shall notify the Chief Jail Administrator or the authorized designee when single-occupancy cells are not available for housing the above described inmates. In such cases, a risk assessment shall be used to identify inmates in the above categories who may be safely housed together.

507.10 PRISON RAPE ELIMINATION ACT (PREA) CONSIDERATIONS

Housing, bed, work and program assignments should be made to separate inmates at high risk of being sexually victimized from those at high risk of being sexually abusive (28 CFR 115.42). Inmates identified as being at high risk for sexually aggressive behavior will be monitored and housed in an area that will minimize the risk to other inmates and staff. All inmates identified as being at risk of victimization shall be monitored and housed in an area to minimize the risk to their safety. However, inmates at high risk for sexual victimization shall not be placed in involuntary protective custody unless an assessment of all available alternatives has been made and it has been determined that there is no available alternative means of separation from likely abusers (28 CFR 115.43; 28 CFR 115.68).

Housing and program assignments of a transgender or intersex inmate shall include individualized consideration for the inmate’s health and safety and any related supervisory, management or facility security concerns. A transgender or intersex inmate’s views with respect to his/her own safety shall be given serious consideration.

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Lesbian, gay, bisexual, transgender or intersex inmates shall not be placed in dedicated facilities, units or wings solely on the basis of such identification or status, unless such placement is pursuant to a consent decree, legal settlement or legal judgment (28 CFR 115.42).

507.11 EDUCATION, WORK AND OTHER RELEASE

Unless an inmate is incarcerated for an offense for which release is prohibited by law or otherwise prohibited by court order, an inmate incarcerated in the correctional facility may be released for a period reasonable and necessary for the following reasons:

- To seek or maintain employment
- To attend education classes
- To obtain medical treatment
- Any other reasonable purpose as determined by the Chief Jail Administrator or the authorized designee

Education and work-release inmates who leave the secure perimeter of the correctional facility to complete programs should be housed separately from inmates in general population.

There should be no contact between the inmates in general population and those being authorized for education, work or other release. This is to minimize the risk of introducing contraband into the correctional facility and to maintain facility security.

507.12 STAFF TRAINING IN CLASSIFICATION

Classification deputies should receive training specific to inmate classification before being assigned primary classification duties. Individuals not specifically trained in inmate classification may work in classification provided that they are under the immediate supervision of a trained and qualified staff member.

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Conducted Energy Device - Corrections Officers

508.1 PURPOSE AND SCOPE

This policy provides guidelines for the issuance and use of the Conducted Energy Weapon.

508.2 ISSUANCE AND CARRYING CEWS

The CEW may only be issued to deputies who have completed office-approved training for use during their current assignment. Those leaving a particular assignment may be required to return the device to the Office inventory.

Deputies shall only use the CEW and cartridges that have been issued by the Office. The device may be carried as part of a uniformed deputy's equipment.

(a) The CEW shall be maintained in a secure storage location (see the Management of Weapons and Control Devices Policy).

(b) Each CEW shall be clearly and uniquely numbered.

(c) Upon arriving for work, deputies shall sign out their devices.

(d) Upon finishing the shift, each deputy shall turn in the device to the approved secure storage area.

(e) Deputies shall not pass on the devices to oncoming deputies without signing in and signing out the devices on the CEW inventory log.

(f) At the beginning of each shift, the oncoming Shift Supervisor shall inventory all CEWs.

(g) Whenever practicable, deputies should carry two or more CEW cartridges on their person at all times when carrying the CEW.

(h) Deputies shall be responsible for ensuring that their issued CEW is properly maintained and in good working order at all times. Deputies carrying the CEW should perform a spark test on the unit prior to every shift.

(i) Deputies should not hold a firearm and the CEW at the same time.

(j) The CEW should be marked with a distinctive color or marking to distinguish it from firearms or any other device.

508.3 VERBAL AND VISUAL WARNINGS

A verbal warning of the intended use of the CEW should precede its application, unless it would otherwise endanger the safety of deputies or when it is not practicable due to the circumstances. The purpose of the warning is to:

(a) Provide the inmate with a reasonable opportunity to voluntarily comply.

(b) Provide other deputies and inmates with a warning that the CEW may be deployed.

If, after a verbal warning, an inmate is unwilling to voluntarily comply with a deputy's lawful orders and it appears both reasonable and feasible under the circumstances, the deputy may, but is not required to, display the electrical arc (provided that a cartridge is loaded into the device) or the laser in a further attempt to gain compliance prior to the application of the CEW. The aiming

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laser should never be intentionally directed into the eyes of another person as it may permanently impair their vision.

The fact that a verbal and/or other warning was given or the reasons it was not given shall be documented by the deputy deploying the device in the related report.

508.4 USE OF THE CEW

As with any correctional equipment, the CEW has limitations and restrictions requiring consideration before its use. The CEW should be used only when its operator can safely approach the individual within the operational range of the device.

Although the CEW is generally effective in controlling most individuals, deputies should be aware that the device may not achieve the intended results and be prepared with other options.

508.4.1 APPLICATION OF THE CEW

A deputy may use the CEW when circumstances perceived by the deputy at the time indicate that such application is reasonably necessary to control an inmate in any of the following circumstances:

(a) The inmate is violent or is physically resisting.

(b) The inmate has demonstrated an intention to be violent or to physically resist and reasonably appears to have the potential to harm deputies, themselves, or others.

508.4.2 SPECIAL DEPLOYMENT CONSIDERATIONS

The use of the CEW should generally be avoided on certain individuals unless the totality of the circumstances indicates that other available options reasonably appear ineffective or would present a greater danger to the deputy, the inmate or others, and the deputy reasonably believes that the need to control the inmate outweighs the risk of using the device. Such individuals include:

(a) Inmates who are known to be pregnant.

(b) Elderly inmates.

(c) Inmates with obviously low body mass.

(d) Inmates who are handcuffed or otherwise restrained.

(e) Inmates who have been recently sprayed with a flammable chemical agent or who are otherwise in proximity to any known combustible vapor or flammable material, including alcohol-based oleoresin capsicum (OC) spray.

(f) Inmates whose position or activity may result in collateral injury (e.g., falls from height).

Because the application of the CEW in the drive-stun mode (i.e., direct contact without probes) relies primarily on pain compliance, the use of the drive-stun mode generally should be limited to supplementing the probe-mode to complete the circuit, or as a distraction technique to gain separation between the deputies and the subject, thereby giving deputies time and distance to consider force options or actions.

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The CEW shall not be used to torture, psychologically torment, elicit statements from, or punish any inmate.

508.4.3 TARGETING CONSIDERATIONS

Reasonable efforts should be made to target lower center mass and avoid intentionally targeting the head, neck, chest, and groin. If the dynamics of a situation or officer safety do not permit the deputy to limit the application of the CEW probes to a precise target area, deputies should monitor the condition of the inmate if one or more probes strikes the head, neck, chest, or groin until the inmate is evaluated by a qualified health care professional.

508.4.4 MULTIPLE APPLICATIONS OF THE CEW

Deputies should apply the CEW for only one standard cycle and then evaluate the situation before applying any subsequent cycles. Multiple applications of the CEW against an inmate are generally not recommended and should be avoided unless the deputy reasonably believes that the need to control the inmate outweighs the potentially increased risk posed by multiple applications.

If the first application of the CEW appears to be ineffective in gaining control of an inmate and if circumstances allow, the deputy should consider certain factors before additional applications of the device, including:

(a) Whether the probes are making proper contact.

(b) Whether the inmate has the ability and has been given a reasonable opportunity to comply.

(c) Whether verbal commands, other options or tactics may be more effective.

Deputies should generally not intentionally apply more than one CEW at a time against an inmate.

508.4.5 DOCUMENTATION

All CEW discharges shall be documented in the related incident report and on the CEW report form. Notification shall also be made to a supervisor in compliance with the office Use of Force Policy. Unintentional discharges, pointing the device at an inmate, laser activation, and arcing of the CEW will also be documented on the CEW report form. Any report documenting the discharge of the CEW will include an explanation of the circumstances surrounding the discharge.

Following the discharge, the onboard CEW memory will be downloaded through the data port by a supervisor or Armorer and saved with the related incident report. Photographs of the probe and contact sites should be taken after the inmate has been seen by a qualified health care professional. Confetti tags should be collected and the expended cartridge along with both probes and wires should be submitted into evidence for future reference by the deputy collecting the cartridge. The cartridge serial number should documented on the evidence paperwork. The evidence packaging should be marked "biohazard" if the probes penetrated the inmate's skin.

At a minimum the following should be documented:

(a) Identification of all deputies firing CEWs

(b) Cartridge serial number

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(c) Identification of all witnesses

(d) Medical care provided to the inmate

(e) Observations of the inmate's physical and physiological actions

(f) Any known or suspected drug use, intoxication, or other medical problems

The Office should periodically analyze the report forms to identify trends, including deterrence and effectiveness. The Training Manager should also conduct audits of data downloads and reconcile CEW report forms and recorded activations. CEW information and statistics, with identifying information removed, should periodically be made available to the public.

508.4.6 TASER® CAM™

The TASER is equipped with TASER® Cam™, which is an audio-video recording device integrated into the power supply. The TASER Cam is activated anytime the safety is in the off position. The safety should not be in the off position unless the deputy intends to use the device and the guidelines established in this policy are met. Anytime the TASER Cam is activated, the video and audio data should be downloaded in accordance with office evidence procedures and referenced in any related report. All video and audio not booked as evidence will be retained for the period required by established records retention schedules.

508.5 MEDICAL TREATMENT

Absent extenuating circumstances or unavailability, only a qualified health care professional should remove CEW probes from an inmate's body. Used CEW probes shall be considered a sharps biohazard, similar to a used hypodermic needle, and handled properly. Universal precautions should be taken.

All inmates who have been struck by CEW probes or who have been subjected to the electric discharge of the device shall be medically assessed. Additionally, any inmate who falls under any of the following categories should, as soon as practicable, be examined by a qualified health care professional:

(a) The inmate is suspected of being under the influence of controlled substances and/or alcohol.

(b) The inmate may be pregnant.

(c) The inmate reasonably appears to be in need of medical attention.

(d) The CEW probes are lodged in a sensitive area (e.g., groin, breast, head, face, neck).

(e) The inmate requests medical treatment.

Inmates who exhibit extreme agitation, violent irrational behavior accompanied by profuse sweating, extraordinary strength beyond their physical characteristics and imperviousness to pain, or who require a protracted physical encounter with multiple deputies to be brought under control, may be at an increased risk of sudden death and should be examined by a qualified health care professional as soon as practicable. Any inmate exhibiting signs of distress after such an encounter shall be medically cleared.

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Any inmate exhibiting signs of distress or who is exposed to multiple applications (e.g., more than 15 seconds) shall be promptly examined by a qualified health care professional or medically evaluated.

If any individual refuses medical attention, such a refusal should be witnessed by another deputy and/or medical personnel and shall be fully documented in related reports.

If an audio recording is made of the contact or an interview with the individual, any refusal should be included, if possible.

508.6 TRAINING

Deputies who are authorized to carry the CEW shall be permitted to do so only after successfully completing the initial office-approved training. Any deputy who has not carried a CEW as a part of their assignment for a period of six months or more shall be recertified by the CEW instructor approved by this office prior to carrying or using the device again.

Proficiency training for deputies who have been issued CEWs should occur every year. A reassessment of a deputy's knowledge and/or practical skill may be required at any time if deemed appropriate by the Training Manager.

Command staff and supervisors should receive CEW training as appropriate for the investigations they conduct and review.

Deputies who do not carry CEWs should receive training that is sufficient to familiarize them with the device and with working with deputies who use the device.

The Training Manager is responsible for ensuring that all deputies who carry CEWs have received initial and annual proficiency training. Periodic audits should be used for verification.

The application of CEWs during training could result in injury to deputies and should not be mandatory for certification.

All training and proficiency for CEWs will be documented in the deputy's training file.

The Training Manager should ensure that all training includes:

(a) A review of this policy.

(b) A review of the Use of Force Policy.

(c) Target area considerations, including techniques or options to reduce the unintentional application of probes near the head, neck, chest, and groin.

(d) Handcuffing an inmate during the application of the CEW and transitioning to other force options.

(e) Restraint techniques that do not impair respiration following the application of the CEW.

(f) De-escalation techniques.

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508.6.1 TESTING

All training delivered to the deputies should include testing to document that the deputy understands the subject matter presented.

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Control of Inmate Movement

509.1 PURPOSE AND SCOPE

The purpose of this policy is to establish a process for the safe and secure movement of inmates between areas within the facility and transportation from the facility to court, medical appointments or other jurisdictions.

509.2 POLICY

The staff should be vigilant in the control and movement of inmates between areas within the facility and when transporting inmates outside the secure confines of the facility. Control may be by direct or indirect visual observation. All staff should consider all inmate movement as a high-risk activity. The staff should be aware of their surroundings at all times and take necessary steps to prevent the possession and exchange of contraband.

509.3 INMATE COLOR-CODE SYSTEM

The Island County Jail does not use the color-code system to identify inmate custody level.

509.4 MOVEMENT OF INMATES

Movement of one or more inmates in the facility should be done in an orderly manner with inmates walking in a single-file line. Staff members should have situational awareness during the movement of inmates and should consider the design of the facility, areas of poor visibility and the presence of other inmates being moved. The staff should avoid areas where inmates may have access to contraband items.

Inmates should be restrained during movement based upon individual security classification, with higher risk inmates in handcuffs, waist chains and leg irons. An exception to this procedure is when an inmate has a physical disability where restraint devices may cause serious injury. Pregnant inmates shall be moved in accordance with the Use of Restraints Policy (RCW 70.48.500).

Whenever a high-security inmate is not able to be restrained, the staff should compensate by utilizing the emergency restraint chair if necessary and should secure the inmate to the chair. It may also be necessary to increase the number of staff present to ensure the safe movement of high-security inmates.

The staff should be watchful in and around passageways and ensure that sallyport doors are secured to prevent escape.

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Use of Force - Corrections Officers

510.1 PURPOSE AND SCOPE

This policy provides guidelines on the reasonable use of force. While there is no way to specify the exact amount or type of reasonable force to be applied in any situation, every deputy of this office is expected to use these guidelines to make such decisions in a professional, impartial, and reasonable manner.

In addition to those methods, techniques, and control devices set forth below, the guidelines for the reasonable application of force contained in this policy shall apply to all policies addressing the potential use of force, including but not limited to the Conducted Energy Device, Use of Restraints, and Electronic Restraints policies.

510.1.1 DEFINITIONS

Definitions related to this policy include:

Deadly force - Force that is reasonably anticipated and intended to create a substantial likelihood of death or very serious injury.

Feasible - Reasonably capable of being done or carried out under the circumstances to successfully achieve the arrest or lawful objective without increasing risk to the deputy or another person.

Force - The application of physical techniques or tactics, chemical agents, or weapons to another person. It is not a use of force when a person allows him/herself to be searched, escorted, handcuffed, or restrained.

Force team technique - The force team technique ordinarily involves trained deputies clothed in protective gear who enter the inmate's area in tandem, each with a specific task, to achieve immediate control of the inmate.

Imminent - Ready to take place; impending. Note that imminent does not mean immediate or instantaneous.

Totality of the circumstances - All facts and circumstances known to the deputy at the time, taken as a whole, including the conduct of the deputy and the individual leading up to the use of force.

510.2 POLICY

The use of force is a matter of critical concern, both to the public and to the public safety community. Deputies are involved on a daily basis in numerous and varied interactions and, when warranted, may use reasonable force in carrying out their duties.

Deputies must have an understanding of, and true appreciation for, their authority and limitations. This is especially true with respect to overcoming resistance while engaged in the performance of public safety duties.

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The Island County Sheriff's Office recognizes and respects the value of all human life and dignity without prejudice to anyone. Vesting deputies with the authority to use reasonable force and to protect the public welfare requires monitoring, evaluation, and a careful balancing of all interests.

510.3 USE OF FORCE

Deputies shall use only that amount of force that reasonably appears necessary given the facts and circumstances perceived by the deputy at the time of the event to accomplish a legitimate government purpose such as to gain control of the individual; protect and ensure the safety of inmates, members, and others; prevent serious property damage; prevent escape; obtain compliance with facility rules and member orders; or ensure the institution's security and good order.

The reasonableness of force will be judged from the perspective of a reasonable deputy on the scene at the time of the incident. Any evaluation of reasonableness must allow for the fact that deputies are often forced to make split-second decisions about the amount of force that reasonably appears necessary in a particular situation, with limited information and in circumstances that are tense, uncertain, and rapidly evolving.

Given that no policy can realistically predict every possible situation a deputy might encounter, deputies are entrusted to use well-reasoned discretion in determining the appropriate use of force in each incident.

It is also recognized that circumstances may arise in which deputies reasonably believe that it would be impractical or ineffective to use any of the control devices, weapons, or methods provided by this office. Deputies may find it more effective or reasonable to improvise their response to rapidly unfolding conditions that they are confronting. In such circumstances, the use of any improvised device or method must nonetheless be reasonable and utilized only to the degree that reasonably appears necessary to accomplish a legitimate government purpose.

While the ultimate objective of every encounter is to avoid or minimize injury, nothing in this policy requires a deputy to retreat or be exposed to possible physical injury before applying reasonable force.

Force shall never be used as punishment.

510.3.1 FACTORS TO DETERMINE THE REASONABLENESS OF FORCE

When determining whether to apply force and evaluating whether a deputy has used reasonable force, a number of factors should be taken into consideration, as time and circumstances permit. These factors include but are not limited to:

(a) Immediacy and severity of the threat to deputies or others.

(b) The conduct of the individual being confronted, as reasonably perceived by the deputy at the time.

(c) Deputy/individual factors (e.g., age, size, relative strength, skill level, injuries sustained, level of exhaustion or fatigue, the number of deputies available vs. individuals).

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(d) The effects of suspected drug or alcohol use.

(e) The individual's mental state or capacity.

(f) The individual's ability to understand and comply with deputy commands.

(g) The proximity of weapons or dangerous improvised devices.

(h) The degree to which the individual has been effectively restrained and their ability to resist despite being restrained.

(i) The availability of other reasonable and feasible options and their possible effectiveness.

(j) The seriousness of the suspected offense or reason for contact with the individual.

(k) The training and experience of the deputy.

(l) The potential for injury to deputies, inmates, and others.

(m) Whether the individual appears to be resisting, attempting to evade arrest by flight, or is attacking the deputy.

(n) The risk and reasonably foreseeable consequences of escape.

(o) The apparent need for immediate control of the individual or a prompt resolution of the situation to maintain or restore order.

(p) Whether the conduct of the individual being confronted no longer reasonably appears to pose an imminent threat to the deputy or others.

(q) Prior contacts with the individual or awareness of any propensity for violence.

(r) Any other exigent circumstances.

510.3.2 DUTY TO INTERCEDE AND REPORT

Any deputy present and observing another law enforcement officer or a member using force that is clearly beyond that which is objectively reasonable under the circumstances should, when in a position to do so, intercede to prevent the use of unreasonable force.

Any deputy who observes another law enforcement officer or a member use force that is potentially beyond that which is objectively reasonable under the circumstances should report these observations to a supervisor as soon as feasible.

510.3.3 ALTERNATIVE TACTICS - DE-ESCALATION

When circumstances reasonably permit, deputies should use nonviolent strategies and techniques to decrease the intensity of a situation, improve decision-making, improve communication, reduce the need for force, and increase voluntary compliance (e.g., summoning additional resources, formulating a plan, attempting verbal persuasion).

510.3.4 PERSPECTIVE

When observing or reporting force used by a law enforcement officer, each deputy should take into account the totality of the circumstances and the possibility that other law enforcement officers may have additional information regarding the threat posed by the subject.

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510.3.5 PAIN COMPLIANCE TECHNIQUES

Pain compliance techniques may be effective in controlling a physically or actively resisting individual. Deputies may only apply those pain compliance techniques for which they have successfully completed office-approved training. Deputies utilizing any pain compliance technique should consider:

(a) The degree to which the application of the technique may be controlled given the level of resistance.

(b) Whether the individual can comply with the direction or orders of the deputy.

(c) Whether the individual has been given sufficient opportunity to comply.

The application of any pain compliance technique shall be discontinued once the deputy determines that compliance has been achieved.

510.3.6 RESTRICTIONS ON RESPIRATORY RESTRAINTS

Deputies of this office are not authorized to use respiratory restraints, also known as chokeholds or neck restraints (RCW 10.116.020).

510.3.7 USE OF FORCE TO SEIZE EVIDENCE

In general, deputies may use reasonable force to lawfully seize evidence and to prevent the destruction of evidence. However, deputies are discouraged from using force solely to prevent a person from swallowing evidence or contraband. In the instance when force is used, deputies should not intentionally use any technique that restricts blood flow to the head, restricts respiration, or creates a reasonable likelihood that blood flow to the head or respiration would be restricted. Deputies are encouraged to use techniques and methods taught by the Island County Sheriff's Office for this specific purpose.

510.4 USE OF OTHER WEAPONS AND CONTROL DEVICES

Control devices may be used when a decision has been made to control or restrain a person who is violent or who demonstrates the intent to be violent, and the use of the device appears reasonable under the circumstances. When reasonable, a verbal warning and opportunity to comply should precede the use of these devices.

When using control devices, deputies should carefully consider potential impact areas to minimize injuries and unintentional targets.

510.4.1 NOISE/FLASH DISTRACTION DEVICES

Noise/flash distraction devices, sting grenades, chemical grenades, and similar devices shall be used only at the direction of a supervisor and only by deputies who have been trained in and are qualified for the use of the devices.

510.4.2 ELECTRONIC CONTROL DEVICES

The use of Conducted Energy Weapon shall be in accordance with the office Conducted Energy Device Policy.

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The use of other electronic control devices, such as stun cuffs, stun vests, and stun belts, shall be in accordance with the office's Electronic Restraints Policy.

510.4.3 CHEMICAL AGENTS

Chemical agents shall only be used in the facility as authorized by the Chief Jail Administrator or the authorized designee and in accordance with the office Chemical Agents Policy. Oleoresin capsicum (OC) spray should not be used in the medical unit or other designated areas where inmates are assigned to respiratory isolation or on any inmate who is under control with or without restraints.

Inmates who have been affected by the use of chemical agents shall be promptly provided with the proper solution to decontaminate the affected areas.

If the inmate refuses to decontaminate, such a refusal shall be documented. If an inmate has been exposed in a cell and not removed from the cell where the exposure occurred, in-cell decontamination shall be afforded to the inmate, including:

(a) Health-trained custody member advising the inmate how to decontaminate in the cell.

(b) Clean clothing if the inmate's clothing was contaminated.

(c) Monitoring of the in-cell inmate at least every 15 minutes on an irregular schedule, for a period of not less than 45 minutes, by health-trained custody member.

510.4.4 IMPACT WEAPONS

The need to immediately incapacitate the inmate must be weighed against the risk of causing serious injury or death. The head and neck should not be intentionally targeted with an impact weapon, except when the deputy reasonably believes the inmate may cause serious bodily injury or death to the deputy or others.

510.4.5 KINETIC ENERGY PROJECTILES

Kinetic energy projectiles, when used properly, are less likely to result in death or serious physical injury and can be used by a trained and qualified member in an attempt to de-escalate a potentially deadly situation.

510.4.6 CAROTID CONTROL HOLD (LVNR)

Corrections staff of the Island County Sheriff's Office are not authorized to use the Carotid Control Hold (LVNR) or choke hold (RCW 10.116.020).

510.4.7 TEAR GAS GUIDELINES

Deputies or other members are not authorized to use tear gas unless necessary to alleviate a present risk of serious harm posed by (RCW 10.116.030):

(a) A riot.

(b) A barricaded subject.

(c) A hostage situation.

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Only the Chief Jail Administrator or the authorized designee may authorize the delivery and use of tear gas, and only after evaluating all conditions known at the time and determining that such force reasonably appears justified and necessary and other alternatives to the use of tear gas have been exhausted (RCW 10.116.030).

If tear gas is to be used outside the facility, authorization shall be obtained from the highest elected official of the jurisdiction in which the tear gas is to be used (RCW 10.116.030).

Prior to any use, an announcement shall be made of the intent to use tear gas. Sufficient time and space shall be allowed for compliance with the announcement (RCW 10.116.030).

When practicable, fire personnel should be alerted or summoned to the scene prior to the deployment of tear gas to control any fires and to assist in providing medical aid or gas evacuation if needed.

510.5 IMMEDIATE AND CALCULATED USE OF FORCE

An immediate use of force occurs when force is used to respond without delay to a situation or circumstance that constitutes an imminent threat to security or safety. For example, the immediate use of force by a deputy may be necessary to stop an inmate from inflicting life-threatening injuries to him/herself or to stop an assault on any other person, including other inmates. The destruction of government property may require the immediate use of force by a deputy in some circumstances. A verbal warning should be given before an immediate use of force unless the circumstances preclude it.

If there is no need for immediate action, deputies should attempt to resolve the situation through voluntary compliance or, if it reasonably appears necessary, the calculated use of force. A calculated use of force is called for when an inmate's presence or conduct poses a threat to safety or security and the inmate is located in an area that can be controlled or isolated, or when time and circumstances permit advance planning, staffing, and organization.

The assistance of available non-custodial members (e.g., psychologists, counselors) should be considered when attempting to resolve a situation without confrontation.

A supervisor shall be present in any situation involving the calculated use of force. The supervisor shall notify the Chief Jail Administrator or the authorized designee for approval and consultation prior to any calculated use of force action.

510.5.1 CONFRONTATION AVOIDANCE PROCEDURES

Prior to any calculated use of force, the supervisor shall confer with the appropriate persons to gather pertinent information about the inmate and the immediate situation. Based on the supervisor's assessment of the available information, the supervisor should direct the deputy to attempt to obtain the inmate's voluntary cooperation and consider other available options before determining whether force is necessary.

The supervisor should consider including the following persons and resources in the process:

(a) Mental health specialist

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(b) Qualified health care professional

(c) Chaplain

(d) Office Records Section

(e) Any other relevant resources

Regardless of whether discussions with any of the above resources are accomplished by telephone or in person, the purpose is to gather information to assist in developing a plan of action, such as the inmate's medical/mental history (e.g., asthma or other breathing-related illnesses, hypoglycemia, diabetes), any recent incident reports, or situations that may be contributing to the inmate's present condition (e.g., pending criminal prosecution or sentencing, recent death of a loved one, divorce). The assessment should include discussions with members who are familiar with the inmate's background or present status. This may provide insight into the cause of the inmate's immediate agitation. It also may identify other members who have a rapport with the inmate and could possibly resolve the incident peacefully, without the use of force.

If force is determined necessary and other means of gaining control of an inmate are deemed inappropriate or ineffective, then the force team technique should be used to control the inmate and to apply restraints, if required.

Consideration should also be given to preventing exposure to communicable diseases in calculated use of force situations and to ensuring that medical services personnel are available.

510.6 REPORTING THE USE OF FORCE

Every deputy use of force is an incident that shall be reported on the appropriate report form.

The documentation will reflect the actions and responses of each deputy participating in the incident, as witnessed by the reporting deputy.

The report should include:

(a) A clear, detailed description of the incident, including any application of weapons or restraints.

(b) The identity of all involved in the incident (e.g., inmates, deputies, members, and others).

(c) The deputy should articulate the factors perceived and why the deputy believed the use of force was reasonable under the circumstances.

(d) Efforts made to temper the severity of a forceful response, and if there were none, the reasons why.

(e) Description of any injuries to anyone involved in the incident, including the result of any medical checks that show the presence or absence of injury.

Deputies shall submit the appropriate documentation before going off-duty, unless directed otherwise by a supervisor.

Any member directly observing the incident shall make a verbal report to a supervisor as soon as practicable and include as much of the aforementioned information as is known by the member.

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A video recording is required for all calculated use of force incidents and should include the introduction of all deputies participating in the process. The recording and documentation will be part of the investigation package. The supervisor should ensure the recording is properly processed for retention and a copy is forwarded with the report to the Chief Jail Administrator within three working days.

The supervisor responsible for gathering the reports may allow a reasonable delay in preparation of a report in consideration of immediate psychological and/or physical condition of the involved member.

The Shift Supervisor shall promptly notify the Chief Jail Administrator of any incident involving a deputy employing deadly force, or any incident where a death or serious bodily injury may have been caused by a deputy.

510.6.1 NOTIFICATION TO CRIMINAL JUSTICE TRAINING COMMISSION

Notification shall be made to the Criminal Justice Training Commission within 15 days of any death or serious injury caused by the use of force by a deputy (RCW 43.101.135).

510.6.2 NOTIFICATION TO INDIAN AFFAIRS

When the use of force by a deputy results in the death of a person who is an enrolled member of a federally recognized American Indian tribe, notification shall be made to the Governor's Office of Indian Affairs within a reasonable period of time, but not more than 24 hours after the office has good reason to believe the person was an enrolled member. Notice shall include sufficient information for the Governor's Office of Indian Affairs to attempt to identify the deceased person and tribal affiliation (RCW 10.114.021).

510.7 SUPERVISOR RESPONSIBILITIES

A supervisor should respond to a reported application of force, if reasonably available. When a supervisor is able to respond to an incident in which there has been a reported use of force, the supervisor is expected to:

(a) Ensure a crime scene is established to preserve and protect evidence, if appropriate.

(b) Ensure that the chain of command is notified and that all necessary health and safety and security measures are initiated.

(c) Obtain the basic facts from the involved members. Absent an allegation of misconduct or excessive force, this will be considered a routine contact in the normal course of duties.

(d) Ensure that the appropriate investigation authority is notified, if appropriate.

(e) Ensure that any parties involved in a use of force situation are examined by medical staff, regardless of whether any injuries are reported or detectable, and afforded medical treatment as appropriate.

(f) When possible, separately obtain a recorded interview with all individuals upon whom force was used. If this interview is conducted without the person having voluntarily waived their *Miranda* rights, the following shall apply:

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1. The content of the interview should not be summarized or included in any related criminal charges.
2. The fact that a recorded interview was conducted should be documented in a property or other report.
3. The recording of the interview should be distinctly marked for retention until all potential for civil litigation has expired.

(g) Once any initial medical assessment has been completed or first aid has been rendered, ensure that photographs have been taken of any areas involving visible injury or complaint of pain, as well as overall photographs of uninjured areas.

1. These photographs should be retained until all potential for civil litigation has expired.

(h) Identify any witnesses not already included in related reports.

(i) Review and approve all related reports.

(j) Determine if there is any indication that the individual may pursue litigation.

1. If there is an indication of potential civil litigation, the supervisor should complete and route a notification of a potential claim through the appropriate channels.

(k) Evaluate the circumstances surrounding the incident and initiate an administrative investigation if there is a question of policy noncompliance or if for any reason further investigation may be appropriate.

If a supervisor is unable to respond to the scene of an incident involving a reported application of force, the supervisor is still expected to complete as many of the above items as circumstances permit.

When an incident results in death, serious bodily harm, or great bodily harm, a supervisor shall immediately contact the Office of Independent Investigations pursuant to the procedures established by the Office of Independent Investigation (RCW 43.102.120).

510.8 USE OF DEADLY FORCE

When reasonable, the deputy shall, prior to the use of deadly force, warn that deadly force may be used, unless the deputy has objectively reasonable grounds to believe the person is aware of those facts.

Use of deadly force is justified in the following circumstances involving imminent threat or imminent risk:

(a) A deputy may use deadly force to protect themself or others from what the deputy reasonably believes is an immediate threat of death or serious bodily injury.

(b) A deputy may use deadly force to stop an escaping inmate, or to stop a fleeing individual, when the deputy has probable cause to believe that the individual has committed, or intends to commit, a felony involving the infliction or threatened infliction of serious bodily injury or death, and the deputy reasonably believes that there is an imminent or future potential risk of serious bodily injury or death to any other person

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if the individual is not immediately apprehended. Under such circumstances, a verbal warning should precede the use of deadly force, where feasible.

Imminent does not mean immediate or instantaneous. An imminent danger may exist even if the individual is not at that very moment pointing a weapon at someone. For example, an imminent danger may exist if a deputy reasonably believes the individual has a weapon or is attempting to access one and it is reasonable to believe the individual intends to use it against the deputy or another person. An imminent danger may also exist if the individual is capable of causing serious bodily injury or death without a weapon and the deputy believes the individual intends to do so.

510.9 USE OF FORCE REVIEW

The Shift Supervisor shall review all related reports of use of force incidents occurring on their command. The review is to determine whether the use of force was in compliance with policy, procedure, and applicable law, and to determine if follow-up action or investigation is necessary. The Shift Supervisor should also ensure that a review packet containing a copy of all pertinent reports and materials is prepared and forwarded to the Chief Jail Administrator.

510.9.1

510.10 TRAINING

The Chief Jail Administrator shall work with the Training Manager to ensure legal and facility training mandates are met. This training shall include the following:

(a) Use of force, including the duty to intercede
(b) Weapons, control devices, and chemical agents
(c) Self-defense
(d) Confrontation avoidance procedures:
    1. Communication techniques
    2. De-escalation techniques
    3. Dealing with the mentally ill
    4. Application of restraints
(e) Forced cell extraction techniques
(f) Force team techniques
(g) General restraint training (soft and hard restraints)
(h) Reporting procedures

510.10.1 TRAINING FOR OTHER WEAPONS AND CONTROL DEVICES

The Training Manager shall ensure that all deputies who are authorized to carry a control device have been properly trained and certified to carry the specific control device and are retrained or recertified, as necessary.

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(a) Proficiency training shall be monitored and documented by a certified, control-device weapons or tactics instructor.

(b) All training and proficiency for control devices will be documented in the deputy's training file.

(c) Deputies who fail to demonstrate proficiency with the control device or knowledge of this policy will be restricted from carrying the control device until demonstrating proficiency. If a deputy cannot demonstrate proficiency with a control device or knowledge of this policy after remedial training, the deputy may be subject to discipline.

510.10.2 PERIODIC TRAINING

Supervisors should conduct and document regular periodic briefings concerning this policy and the storage and use of other weapons and control devices. Any test sheets or documentation of performance should be forwarded to the Training Manager to be included in the deputy's training file.

510.11 SECTION TITLE

510.12 SECTION TITLE

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Use of Restraints - Corrections Officers

511.1 PURPOSE AND SCOPE

This policy establishes guidelines for the application, supervisory oversight of, and restrictions on the use of restraints on persons incarcerated in this facility.

This policy shall apply to the use of specific types of restraints, such as four/five-point restraints, restraint chairs, ambulatory restraints, and similar restraint systems, as well as all other restraints, including handcuffs, waist chains, and leg irons when such restraints are used to restrain any inmate for prolonged periods.

511.1.1 DEFINITIONS

Definitions related to this policy include:

Clinical restraints - Restraints applied when an inmate's disruptive, assaultive, and/or self-injurious behavior is related to a medical or mental illness. Clinical restraints can include leather, rubber, or canvas hand and leg restraints with contact points on a specialized bed (four/five-point restraints) or a portable restraint chair.

Custody restraints - Includes steel handcuffs and leg restraints, polyurethane or nylon soft restraints, waist restraints, and chair restraints, applied to control an inmate who is assaultive, engaging in self-injurious behavior, or attempting to damage property.

Therapeutic seclusion - Segregated confinement of an agitated, vulnerable, and/or severely anxious inmate with a serious mental illness as part of their treatment when clinically indicated for preventive therapeutic purposes.

511.2 POLICY

It is the policy of this office that restraints shall be used only to prevent self-injury, injury to others, or property damage. Restraints may also be applied according to inmate classification, such as maximum security, to control the behavior of a high-risk inmate while the inmate is being moved outside the cell or housing unit.

Restraints shall never be used for retaliation or as punishment. Restraints shall not be utilized any longer than is reasonably necessary to control the inmate. Restraints are to be applied only when less restrictive methods of controlling the dangerous behavior of an inmate have failed or appear likely to fail. Each incident where restraints are used beyond compliant handcuffing shall be documented as a use of force by the handling staff member and the documents placed in the appropriate file prior to the end of the staff member's shift.

This policy does not apply to the temporary use of restraints, such as handcuffing or the use of leg irons to control an inmate during movement and transportation inside or outside the facility.

511.3 USE OF RESTRAINTS - CONTROL

Supervisors shall proactively oversee the use of restraints on any inmate. Whenever feasible, the use of restraints, other than routine use during transfer, shall require the approval of the

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Shift Supervisor prior to application. In instances where prior approval is not feasible, the Shift Supervisor shall be apprised of the use of restraints as soon as practicable.

Restraint devices, such as restraint chairs, shall only be used on an inmate when it reasonably appears necessary to overcome resistance, prevent escape, or bring an incident under control, thereby preventing injury to the inmate or others, or eliminating the possibility of property damage. Restraints shall not be applied for more time than is reasonably necessary to achieve the above goals.

Excluding short-term use to gain immediate control, placing an inmate in a restraint chair or other restraints for extended periods requires approval from the Chief Jail Administrator or the authorized designee prior to taking action. The medical staff shall be called to observe the application of the restraints, when feasible, prior to the application or as soon as practicable after the application, and to check the inmate for adequate circulation.

The use of restraints for purposes other than for the controlled movement or transportation of an inmate shall be documented on appropriate logs to include, at minimum, the type of restraint used, when it was applied, a detailed description of why the restraint was needed, and when it was removed.

The following provisions shall be followed when utilizing restraints to control an inmate:

(a) Restraints shall not be used as punishment, placed around a person's neck, or applied in a way that is likely to cause undue physical discomfort or restrict blood flow or breathing (e.g., hog-tying) (RCW 10.116.022).

(b) Restrained inmates shall not be placed facedown or in a position that inhibits breathing.

(c) Restraints shall not be used to secure a person to a fixed object except as a temporary emergency measure. A person who is being transported shall not be locked in any manner to any part of the transporting vehicle, except for items installed for passenger safety, such as seat belts.

(d) Inmates in restraints shall be housed either alone or in an area designated for restrained inmates.

(e) Restraints shall be applied for no longer than is reasonably necessary to protect the inmate or others from harm.

(f) Staff members shall conduct direct face-to-face observation at least twice every 30 minutes on an irregular schedule to check the inmate's physical well-being and behavior. Restraints shall be checked to verify correct application and to ensure they do not compromise circulation. All checks shall be documented, with the actual time recorded by the person doing the observation, along with a description of the inmate's behavior. Any actions taken should also be noted in the log.

(g) The specific reasons for the continued need for restraints shall be reviewed, documented, and approved by the Chief Jail Administrator or the Shift Supervisor at least every two hours.

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(h) As soon as possible, but within four hours of placement in restraints, the inmate shall be medically assessed to determine whether the inmate has a serious medical condition that is being masked by the aggressive behavior. The medical assessment shall be a face-to-face evaluation by a qualified health care professional and shall recur once every six hours of continued restraint thereafter.

(i) As soon as possible, but within eight hours of placement in restraints, the inmate must be evaluated by a mental health professional to assess whether the inmate needs immediate and/or long-term mental health treatment.

511.3.1 USE OF RESTRAINTS FOR COURT HEARINGS
Prior judicial approval should be obtained for any inmate restraints that will be used in any court proceeding.

Juveniles shall not be brought before the court for any court appearance wearing any physical restraint devices except when ordered by the court (JuCR 1.6).

511.4 USE OF RESTRAINTS - CLINICAL

Inmates may be considered for clinically ordered restraints or seclusion when exhibiting dangerous behavior that is believed to be a product of a medical or mental illness and that puts the inmate and/or others at risk of physical harm, or when medical care is urgently required and the inmate is not considered competent to give or withhold consent.

Clinical restraints and/or therapeutic seclusion shall only be used when an inmate's safety or the safety of others cannot be protected by less restrictive means and only upon the direct order of a qualified health care professional and notification of the Chief Jail Administrator or the authorized designee prior to taking action. Restraints shall be used no longer than is reasonably necessary to provide for the legitimate safety concerns of the inmate, staff, or others.

The following provisions shall be used any time clinical restraints or therapeutic seclusion is authorized:

(a) Excluding short-term use to gain immediate control of an inmate exhibiting dangerous or destructive behavior, an inmate may be placed in clinical restraints or therapeutic seclusion only on the orders of a qualified health care professional and only after making a determination that less restrictive interventions are ineffective to prevent the inmate from causing property damage or serious injury to him/herself or others.

(b) Clinical restraints or therapeutic seclusion shall never be ordered or otherwise applied as a means of coercion, discipline, punishment, convenience, or retaliation.

(c) The qualified health care professional's order may only be in effect for up to 12 hours for adult inmates and up to two hours for inmates age 17 or younger.

(d) Within one hour of the application of restraints or therapeutic seclusion, a face-to-face observation of the inmate to evaluate the need for continued restraint or therapeutic seclusion shall be conducted by a qualified health care professional.

(e) If deemed clinically necessary, the qualified health care professional who gave the initial order for restraints or therapeutic seclusion may renew the original order for an

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additional four hours for an adult or up to two hours for a person who is age 17 or younger.

(f) Inmates placed in clinical restraints shall be placed in designated cells within the medical unit. The restraints shall be applied in the least restrictive manner possible, based on the qualified health care professional's evaluation and order.

(g) Inmates placed in restraints shall only be placed in a face-up position.

(h) Following the first face-to-face observation, a qualified health care professional shall conduct face-to-face checks at least every 15 minutes on an irregular schedule to assess the inmate's condition and behavior. The restraints shall be checked for proper application and to ensure that circulation is not compromised. Checks shall be documented in the inmate's medical file.

(i) Except in the event of a medical emergency for the inmate, only a qualified health care professional shall determine when an inmate shall be released from clinical restraints or therapeutic seclusion.

511.5 RANGE OF MOTION

Inmates placed in restraints for longer than two hours should receive a range-of-motion procedure that will allow for the movement of the extremities. Range-of-motion exercise will consist of alternate movement of the extremities (i.e., right arm and left leg) for a minimum of 10 minutes every two hours.

511.6 FOOD, HYDRATION, AND SANITATION

Inmates who are confined in restraints shall be given food and fluids. Food shall be provided during normal meal periods. Hydration (water or juices) will be provided no less than once every two hours or when requested by the inmate.

Offering food and hydration to inmates will be documented to include the time, the name of the person offering the food or water/juices, and the inmate’s response (receptive, rejected). Provisions shall be made to accommodate any toileting needs at least once every two hours. Inmates shall be given the opportunity to clean themselves should they soil themselves or their clothing while they are in restraints.

511.7 AVAILABILITY OF CPR EQUIPMENT

CPR equipment, such as barrier masks, shall be provided by the facility and located in proximity to the location where inmates in restraints are held.

511.8 RESTRAINED INMATE HOLDING

Restrained inmates should be protected from abuse by other inmates. Under no circumstances will restrained inmates be housed with inmates who are not in restraints. In most instances, restrained inmates are housed alone or in an area designated for restrained inmates.

511.9 PREGNANT INMATES

Leg irons or waist chains shall not be used on any inmate known to be pregnant. Except in extraordinary circumstances no restraints of any kind may be used on any pregnant inmate during

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transportation to and from visits to medical providers or court proceedings at any time during the third trimester of pregnancy or postpartum recovery. "Extraordinary circumstances" exist where a member makes an individualized determination that restraints are necessary to prevent the inmate from escaping or injuring themself, medical or safety personnel, or others. Should restraints be necessary, the restraints shall be the least restrictive available and most reasonable under the circumstances (RCW 70.48.500).

511.9.1 INMATES IN LABOR

While an inmate is in labor or in childbirth, no restraints of any kind may be used (RCW 70.48.500(2)). This does not prohibit a treating physician licensed under Title 18 RCW from requesting the use of hospital restraints for the medical safety of an inmate.

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ELECTRONIC RESTRAINTS

512.1 PURPOSE AND SCOPE

This policy establishes guidelines for the application, supervisory oversight and restrictions on the use of electronic restraints on persons incarcerated in this facility, during transportation of inmates and during court appearances.

512.2 POLICY

The Island County Sheriff's Office allows the use of Office authorized or issued electronic restraints as provided in this policy.

512.3 MEMBER RESPONSIBILITY

Members shall successfully complete Office-approved training prior to using any electronic restraint device. Only Office-authorized electronic restraint devices shall be used.

Members should perform a function test on the device prior to placing it on an inmate. The Shift Supervisor or his/her designee shall ensure that all electronic restraint devices are properly maintained and in good working order.

When an electronic restraint device is used during a court appearance, the staff member should inform the court that an inmate with an electronic restraint device is present. The member shall be prepared to briefly explain the operation of the device to the judge.

512.4 VERBAL WARNING

A verbal warning of the intended use of the electronic restraint device should precede its application, unless it would otherwise endanger the safety of staff members or when it is not practicable due to the circumstances. The warning is intended to provide the inmate with an opportunity to comply. The fact that a verbal or other warning was given or the reasons it was not given shall be documented by the member deploying the device.

512.5 APPLICATION

Prior to applying the electronic restraint device to an inmate, the member should describe its operation and caution the inmate about behaviors that may result in its activation.

Although the electronic restraint device is generally effective in controlling most inmates, members should be aware that it may not achieve the intended result, and that they should be prepared with other options.

The electronic restraint device may be used in the following circumstances, when the circumstances perceived by the member at the time indicate that such application is reasonably necessary to:

(a) Prevent self-injury, suicide, escape, injury to others or property damage.

(b) Control the behavior of a high-risk inmate who is being moved outside a cell or housing unit or transported outside the facility.

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512.5.1 MULTIPLE APPLICATIONS
Members should activate the electronic restraint device for only one standard cycle and then evaluate the situation before applying any subsequent cycles. Multiple applications of an electronic restraint device or for more time than is necessary to control the inmate are generally not recommended and should be avoided unless the member reasonably believes that the need to control the inmate outweighs the potentially increased risk posed by multiple applications.

If the first application of the electronic restraint device appears to be ineffective in gaining control of an inmate, the member should consider certain factors before additional applications, including whether the inmate has the ability to comply and has been given a reasonable opportunity to comply.

512.5.2 SPECIAL CONSIDERATIONS
Electronic restraint devices should not be used on:

(a) Inmates who are known to be pregnant.

(b) Elderly or infirm inmates.

(c) Inmates with obviously low body mass.

(d) Inmates who have been recently sprayed with a flammable chemical agent or who are otherwise in close proximity to any known combustible vapor or flammable material, including alcohol-based oleoresin capsicum (OC) spray.

(e) Inmates whose position or activity may result in collateral injury (e.g., falls from height, running).

Because the application of the electronic restraint device relies primarily on pain compliance, its use generally should be limited to a distraction technique to gain separation between the member and the inmate, or to disrupt an inmate's violent or unruly behavior, thereby giving members time and distance to consider other force options or actions. The electronic restraint device shall not be used to psychologically torment, elicit statements, retaliate against or punish any inmate.

512.6 DOCUMENTATION
Members shall document each incident where electronic restraints are placed on an inmate or are activated. Notification shall also be made to a supervisor in compliance with the Use of Force Policy. Unintentional activations will also be documented.

512.7 MEDICAL TREATMENT
All inmates who have been subjected to the electric discharge of an electronic restraint device should have the contact site medically assessed before further incarceration.

Additionally, any inmate who falls under any of the following categories should, as soon as practicable, be examined by a qualified health care professional: (a) The inmate is suspected of being under the influence of controlled substances and/or alcohol. (b) The inmate may be pregnant. (c) The inmate reasonably appears to be in need of medical attention. (d) The inmate requests medical treatment.

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If any inmate refuses medical attention, such a refusal should be witnessed by another staff member and/or medical personnel and shall be fully documented. If an audio recording is made of the contact or an interview with the inmate, any refusal should be included, if possible.

Members shall inform any person providing medical care or receiving custody that the inmate has been subjected to the activation of an electronic restraint device.

512.8 SUPERVISOR RESPONSIBILITIES

Supervisor approval is necessary before an electronic restraint device is placed on an inmate. A supervisor should respond to all incidents where an electronic restraint device was activated.

A supervisor should review each incident where an inmate has been exposed to an activation of an electronic restraint device. Any onboard memory should be downloaded by a supervisor and retained with the inmate's file.

Photographs of contact sites should be taken and witnesses interviewed.

512.9 TRAINING

Training should include recommendations made by the particular device manufacturer or any state requirements.

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Searches

513.1 PURPOSE AND SCOPE

The purpose of this policy is to provide clear direction on maintaining the safety and security of the correctional facility by conducting searches in balance with protecting the constitutional rights of inmates.

The introduction of contraband into the correctional facility poses a serious risk to the safety and security of members, inmates, and the public. Any item that is not available to all inmates may be used as currency by those who possess the item and will allow those in possession of the item to have control over other inmates. Any item that may be used to disengage a lock or other electronic security device or that could compromise the physical plant jeopardizes the safety and security of this correctional facility. Carefully restricting the flow of contraband into the correctional facility can only be achieved by thoroughly searching inmates and their environment.

Nothing in this policy is intended to prohibit the otherwise lawful collection of trace evidence from an individual.

513.1.1 DEFINITIONS

Definitions related to this policy include:

Contraband - Anything unauthorized for inmates to possess, including drugs and weapons of any kind.

Excess property - Anything authorized for inmates to possess but in an unauthorized quantity.

Modified strip search - A search that requires the removal or rearranging some of a person's clothing and does not include a visual inspection of the exposed breasts, buttocks, or genitalia of the person. This search may include a thorough tactile search of an inmate's partially unclothed body. This also includes searching the inmate's clothing after it has been removed.

Pat-down search - A search used to check an individual for contraband. It involves thoroughly patting down an inmate's clothed body to locate any items that could pose a danger to the deputy, the inmate, or others.

Physical body cavity search - A search that includes a visual inspection of and may include physical intrusion into a body cavity. Body cavity means the stomach, colon, rectum, or vagina.

Strip search - A search that requires the removal or rearranging of some or all of a person's clothing to permit a visual inspection of the underclothing, breasts, buttocks, anus, or outer genitalia of the person.

513.2 POLICY

It is the policy of this office to promote the safety of members, inmates, and visitors by conducting effective and appropriate searches of inmates and areas within the correctional facility in accordance with applicable laws. Members shall always be alert to the possible presence of

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contraband and shall take immediate action to seize and appropriately handle contraband when found.

Searches shall not be used for intimidation, harassment, punishment, or retaliation.

513.3 PAT-DOWN SEARCHES

Pat-down searches will be performed on all inmates/arrestees upon entering the secure booking area of the correctional facility. Additionally, pat-down searches shall occur frequently within the correctional facility. At a minimum, members shall conduct pat-down searches in circumstances that include:

(a) When inmates leave their housing units to participate in activities elsewhere in the correctional facility (e.g., exercise yard, medical unit, visiting) and when they return.

(b) During searches of housing units.

(c) When inmates come into contact with other individuals housed outside of their housing units, such as on work details.

(d) Any time a member believes inmates may have contraband on their persons.

Except in emergencies, all pat-down searches will be conducted by a member of the same gender as the inmate. Absent the availability of a member of the same gender, it is recommended that a witnessing member be present during a pat-down search of an individual of another gender. All cross-gender pat-down searches shall be documented (28 CFR 115.15).

513.4 MODIFIED STRIP SEARCHES, STRIP SEARCHES AND PHYSICAL BODY CAVITY SEARCHES

Modified strip searches, strip searches, and physical body cavity searches should be limited to those situations where such searches are necessary (RCW 10.79.060).

Deputies shall consider and be able to articulate the reason for the search and the scope, manner, and location of the search, and will utilize the least invasive search method to meet the goals of the search (RCW 10.79.140).

513.4.1 STRIP SEARCHES PRIOR TO PLACEMENT IN A HOUSING UNIT

Modified strip searches or strip searches shall be conducted as follows:

(a) No person held prior to placement in a housing unit shall be subjected to a modified strip search or strip search without a warrant unless there is (RCW 10.79.130):

1. Reasonable suspicion based upon specific and articulable facts to believe the person has a health condition requiring immediate medical attention.
2. Reasonable suspicion based upon specific and articulable facts to believe the person is concealing contraband or an item that constitutes a threat to the facility.
3. Probable cause to believe the person is concealing evidence of a crime that is not constituting a threat to the facility.

(b) Factors to be considered in determining reasonable suspicion include but are not limited to:

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1. The detection of an object during a pat-down search that may be contraband and cannot be safely retrieved without a modified strip search or strip search.
2. Circumstances of a current arrest that specifically indicate the person may be concealing contraband.
    (a) Reasonable suspicion is presumed to exist when the person to be searched has been arrested for any of the following offenses (RCW 10.79.130):
        1. A violent offense as defined in RCW 9.94A.030
        2. Any offense involving escape, burglary, or the use of a deadly weapon
        3. Possession of prescription drugs, controlled substances, or imitation controlled substances
3. Custody history (e.g., past possession of contraband while in custody, assaults on members, escape attempts).
4. The person's actions or demeanor, such as refusal to submit to a pat-down search.
5. Criminal history (e.g., level of experience in a custody setting; convictions for escape, possession of drugs or weapons, crimes of violence; being a fugitive).
6. An alert by a metal detector or drug detection device.
7. Other reliable information that the person possesses contraband.

(c) Except in the case of a medical emergency, no modified strip search or strip search of an inmate shall be conducted before admittance to a housing unit without prior written authorization from the Shift Supervisor (RCW 10.79.140).

513.4.2 SEARCHES OF PRETRIAL INMATES

Pat-down searches, clothing searches, and electronic metal-detector searches, as appropriate, will be conducted on all pretrial inmates upon admission into the general population and whenever the pretrial inmate has entered an environment where contraband may be accessed. A pretrial inmate is a person who is being held pretrial without an order denying bail. This includes but is not limited to the following:

- Upon return from contact visits
- Upon leaving the kitchen, shop, farm, etc.
- Upon return to general population from outside the confines of the facility (court, work-release, work detail, medical visits)

A clothing search involves an inmate removing some or all of their clothing behind a modesty screen and a thorough search of the inmate's removed clothing. It does not include a visual inspection of the underclothing, breasts, buttocks, or genitalia of the inmate, but may include inspection of the inmate's hands and feet.

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No pretrial inmate shall be subjected to a modified strip search or strip search without a warrant unless one or more of the following conditions exist (RCW 10.79.130):

(a) There is reasonable suspicion based upon specific and articulable facts to believe the person has a health condition requiring immediate medical attention.

(b) There is reasonable suspicion based upon specific and articulable facts to believe the person is concealing on their body a weapon, contraband, or an item that constitutes a threat to the facility.

1. Reasonable suspicion is presumed to exist when the person to be searched has been arrested for any of the following offenses (RCW 10.79.130):

(a) A violent offense as defined in RCW 9.94A.030

(b) Any offense involving escape, burglary, or the use of a deadly weapon

(c) Possession of prescription drugs, controlled substances, or imitation controlled substances

(c) There is probable cause to believe the person is concealing on their body evidence of a crime not constituting a threat to the facility.

Except in the case of a medical emergency, no modified strip search or strip search of a pretrial inmate shall be performed without prior written authorization from the Shift Supervisor (RCW 10.79.140).

513.4.3 STRIP SEARCHES OF CONVICTED AND NO BAIL ORDERED INMATES

Modified strip searches or strip searches shall be conducted on all inmates upon admission into a housing unit.

A modified strip search or a strip search of an inmate in a housing unit should be conducted when the inmate has entered an environment where contraband may be accessed. This includes but is not limited to the following:

(a) Upon return from contact visits

(b) Upon leaving areas such as the kitchen, shop, or farm

(c) Upon return to the housing unit from outside the confines of the correctional facility (e.g., court, work-release, work detail, medical visits)

Inmates returning from court with release orders shall not be subjected to modified strip searches or strip searches unless reasonable suspicion exists based on specific and articulable facts that the person is concealing contraband. An inmate should not be returned to the housing unit, except to retrieve personal property under the direct visual supervision of a member.

Members may conduct modified strip searches and strip searches of inmates outside the above listed circumstances only with prior written supervisor approval. In such cases, supervisors shall consider and articulate the scope, manner, justification, and location of the particular search. Less invasive searches should be used if they will accomplish the goals of the search. For example, a pat-down may be sufficient as an initial effort to locate a larger item, such as a cell phone.

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513.4.4 MODIFIED STRIP SEARCH AND STRIP SEARCH PROCEDURES

All modified strip searches and strip searches shall be conducted in a professional manner under sanitary conditions and in an area where the search cannot be observed by people not participating in the search. Except at the request of the inmate, no person other than those who are participating in the search shall be present or able to observe the search (RCW 10.79.150). The search shall not be video or audio recorded.

Unless conducted by a qualified health care professional or in case of an emergency, a modified strip search or strip search shall be conducted and observed only by members of the same gender as the person being searched (RCW 10.79.100). Any cross-gender modified strip searches and cross-gender strip searches shall be documented (28 CFR 115.15).

Whenever possible, a second member of the same gender should be present during the search for security purposes and to witness the discovery of evidence. Except in exceptional circumstances, the number of members present during a search shall not exceed three.

The member conducting a strip search shall not touch the breasts, buttocks, or genitalia of the person being searched except and only to the extent necessary to safely remove contraband from the exterior of the person being searched. These areas may be touched through the clothing during a modified strip search.

Generally, items protruding from body cavities should not be removed. If a body cavity search appears necessary, see the Physical Body Cavity Searches section of this policy.

(a) The searching member will instruct the inmate to:

1. Remove or rearrange their clothing.
2. Raise their arms above the head and turn 360 degrees.
3. Bend forward and run their hands through their hair.
4. Turn their head, to the left and to the right, so the searching deputy can inspect the inmate's ear orifices.
5. Open their mouth and run a finger over the upper and lower gum areas, then raise the tongue so the deputy can inspect the interior of the inmate's mouth. Remove dentures if applicable.
6. Turn around and raise one foot first, then the other so the deputy can check the bottom of each foot.
7. Turn around, bend forward, and spread the buttocks if necessary to view the anus.

(b) At the completion of the search, the inmate should be instructed to dress in either street clothes or correctional facility-supplied clothing, as appropriate.

513.4.5 PHYSICAL BODY CAVITY SEARCHES

Physical body cavity searches shall be completed as follows (RCW 10.79.080; RCW 10.79.100):

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(a) No person shall be subjected to a physical body cavity search without the prior written approval of the Chief Jail Administrator or the authorized designee and only with the issuance of a search warrant. Authorization may be obtained electronically from the Chief Jail Administrator or the authorized designee.

(b) Before any physical body cavity search is authorized or conducted, a thorough pat-down search, electronic metal-detector search, or clothing search, as appropriate, shall be used. No physical body cavity search shall be authorized or conducted unless these other methods do not satisfy the safety, security, or evidentiary concerns of the facility.

(c) Only a physician, registered nurse, or physician assistant may conduct a physical body cavity search. Except in exigent circumstances, only a physician, registered nurse, or physician assistant who is not responsible for providing ongoing care to the inmate may conduct the search.

(d) Except for the physician, registered nurse, or physician assistant conducting the search, persons present must be of the same gender as the person being searched. Only deputies needed to maintain the safety and security of the medical personnel shall be present during the search.

1. The Shift Supervisor may allow an inmate to have a readily available witness of the inmate's choosing present at the search. The witness shall not be currently in custody or pose an unreasonable security risk.

(e) Privacy requirements, including restricted touching of body parts, and sanitary condition requirements are the same as required for a strip search.

(f) All such searches shall be documented, including:

1. The facts that led to the decision to perform a physical body cavity search of the inmate.
2. The reasons less intrusive methods of searching were insufficient.
3. The Chief Jail Administrator or authorized designee's written approval.
4. A copy of the search warrant and supporting documents.
5. The time, date, and location of the search.
6. The medical personnel present.
7. The names, genders, and roles of any deputies present.
8. The name of the inmate's witness, if any.
9. A statement of the results of the search and a list of any items removed from the inmate as a result of the search.

(g) Completed documentation should be placed in the inmate's file. A copy of any search warrant and the results of the physical body cavity search shall be included with the related reports and made available, upon request, to the inmate or authorized representative (except for those portions of the warrant ordered sealed by a court).

(h) All contraband should be processed in accordance with the office's current evidence procedures.

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(i) If appropriate, a crime report and/or disciplinary report shall be completed.

513.4.6 DOCUMENTING MODIFIED STRIP SEARCHES AND STRIP SEARCHES
The staff member conducting a modified strip search or strip search shall (RCW 10.79.150):

(a) Document the name and gender of the person searched.

(b) Document the facts that led to the decision to perform a strip search of the inmate, including the offense for which the person was arrested if that fact was considered in determining reasonable suspicion to conduct the search.

(c) Document the reasons less intrusive methods of searching were not used or were insufficient.

(d) Document the supervisor's approval.

(e) Document the time, date, and location of the search.

(f) Document the names of staff present and their serial numbers, gender, and roles.

(g) Document any complaints made by the inmate or problems encountered during the search.

(h) Document any health conditions observed by the deputy.

(i) Itemize and process all contraband and evidence discovered by the search in accordance with the office's current evidence procedures.

(j) If appropriate, a crime report and/or disciplinary report shall be completed.

(k) Ensure the completed documentation is placed in the inmate's file. A copy of the written authorization shall be retained and made available to the inmate or other authorized representative upon request.

513.5 PROHIBITED SEARCHES OF TRANSGENDER AND INTERSEX INMATES

Members shall not search or physically examine a transgender or intersex inmate for the sole purpose of determining genital status (see the Prison Rape Elimination Act Policy for transgender and intersex definitions). If genital status is unknown, it may be determined during conversations with the inmate, by reviewing medical records, or if necessary, by obtaining that information as part of a broader medical examination conducted in private by a qualified health care professional (28 CFR 115.15).

513.6 HOUSING UNIT SEARCHES

Housing unit searches shall occur as directed by a supervisor. These searches should include all of the living spaces occupied by inmates. Housing unit searches should be scheduled in a manner that does not create a pattern where the inmates can predict such searches. During a housing unit search:

(a) All inmates shall vacate their living areas and be patted down by members.

(b) Inmates should be escorted to a separate holding area, such as the recreation yard.

(c) Members shall search the living areas of the inmates, including bedding, personal storage areas, bunks, and other areas with inmate access.

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(d) Any contraband located shall be processed in accordance with the current evidence procedures.

(e) Members shall attempt to identify the inmate who possessed the contraband and file appropriate inmate discipline and/or crime reports.

(f) Any excess property shall be seized, inventoried, and retained pending disposition according to correctional facility procedures.

(g) At the conclusion of the housing unit search, closely supervised inmate workers should clean the unit. All authorized inmate personal property shall be respected and living areas should be returned to an orderly condition.

513.7 PHYSICAL PLANT SEARCHES

The following areas of this correctional facility shall be periodically searched for contraband:

(a) Exercise yards shall be searched before and after each inmate group occupies the yard.

(b) Holding cells shall be searched before and after each occupation.

(c) Program areas, such as classrooms and multipurpose rooms, shall be searched after each use by an inmate or inmate group.

(d) Laundry areas shall be searched before and after inmate use.

(e) Kitchen areas shall be frequently searched for contraband and to account for tools, knives, and food items.

(f) Inmate visiting and public areas shall be frequently inspected.

(g) The correctional facility perimeter shall be searched at least once each shift.

513.8 CRIMINAL EVIDENCE SEARCHES

The Chief Jail Administrator or the authorized designee shall be notified, as soon as practicable, any time it is suspected that a crime has been committed in the correctional facility or other area controlled by correctional facility members, and there is a need to search for evidence related to the crime. A search for evidence may be conducted by members whenever there is a need for such action.

Any evidence collected in connection with an alleged crime should be processed in accordance with the office's current evidence procedures.

513.9 TRAINING

The Training Manager shall provide training for members on this policy, including how to conduct pat-down searches, modified strip searches, and strip searches in a professional and respectful manner and in the least intrusive manner possible, consistent with correctional facility security needs. This training shall include cross-gender pat downs and searches, as well as searches of transgender and intersex inmates (28 CFR 115.15).

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513.10 CANINE-ASSISTED SEARCHES

It is the policy of this correctional facility to use canines to assist members in searching for contraband. Such searches shall occur only with a supervisor's approval. Only canines trained to detect contraband will be allowed within the secure perimeter of the correctional facility. Canines trained solely in crowd control or to assist in physically subduing individuals will not be used in the correctional facility.

Canines will generally be used to assist members in physical plant, housing unit, and perimeter searches. Contact between inmates and canines should be kept to a minimum (see the Canines Policy).

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Reporting In-Custody Deaths

514.1 PURPOSE AND SCOPE

This policy provides direction on how in-custody deaths shall be reported.

514.1.1 DEFINITIONS

Definitions related to this policy include:

In-custody death - The death of any person, for whatever reason (natural, suicide, homicide, accident), who is in the process of being booked or is incarcerated at any facility of this office.

514.2 POLICY

It is the policy of this office to follow state and local guidelines for reporting in-custody deaths.

514.3 MANDATORY REPORTING

All in-custody deaths shall be reported as required per RCW 70.48.510.

If the decedent is a boarder for another agency, the Chief Jail Administrator shall notify that agency so that agency will assume responsibility for the notification of the decedent's family.

Pursuant to Article 37 of the Vienna Convention on Consular Relations 1963, in the case of the death of a foreign national, telephonic notification to the appropriate consulate post should be made without unreasonable delay and confirmatory written notification shall be made within 72 hours of the death to the appropriate consulate post. The notification shall include the inmate's name, identification number, date and time of death and the attending physician's name.

In the event that a juvenile dies while in-custody, the Chief Jail Administrator or the authorized designee shall notify the court of jurisdiction and ensure notification to the juvenile's parent or guardian.

514.4 PROCEDURE

Upon determining that a death of any person has occurred while in the custody of this office, the Shift Supervisor is responsible for ensuring that the Sheriff and all appropriate investigative authorities, including the Coroner, are notified without delay and all written reports are completed.

The Shift Supervisor shall also promptly notify the Chief Jail Administrator and make any other notifications required by policy or direction. The Chief Jail Administrator shall observe all pertinent laws and allow appropriate investigating agencies full access to all facts surrounding the death (RCW 68.50.010).

The Office shall establish policies and procedures for the investigation of any in-custody death per RCW 70.48.510.

The decedent's personal belongings shall be disposed of in a responsible and legal manner (RCW 36.24.130). All property and records shall be retained according to established records retention schedules (WAC 44-14-03005).

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The individual designated by the decedent shall be notified of all pertinent information as required by law.

During an investigation, all inquiries regarding the death shall be referred to the Public Information Officer. Deputies shall not make a public comment.

514.5 IN-CUSTODY DEATH REVIEW

The Sheriff is responsible for establishing a team of qualified staff to conduct an administrative review of every in-custody death per RCW 70.48.510. The review team shall consist of outside agency professionals with a background in corrections. The review team should include the following:

a. Corrections Chief, Director, Administrator or member of similar qualification

b. Corrections Physician or qualified health care professional

c. Corrections Mental Health Provider

d. Corrections Sergeant or Lieutenant with a background in investigations

Each In-Custody Death is unique, and the review team selected should consist of membership that will provide a thorough review of the incident. Not all incident reviews will require all classes of membership identified but should at a minimum consist of the Administrative and Physician level positions.

514.5.1 UNEXPECTED-FATALITY REVIEW

When the death of an inmate is unexpected, the Sheriff or the authorized designee shall conduct an unexpected-fatality review by appointing an unexpected-fatality review team that meets the requirements of RCW 70.48.510. The review should include recommendations regarding changes in practices or policies to prevent fatalities and strengthen safety and health protections for inmates in custody.

Upon conclusion of the review, the Sheriff shall, within 120 days following the fatality, issue a report of the results and distribute it to the governing unit with primary responsibility for the operation of the correctional facility, and appropriate committees of the legislature. The report is subject to public disclosure, but confidential information may be redacted consistent with the requirements of applicable state and federal law.

The Sheriff is responsible for developing and implementing procedures to carry out the responsibilities of the review.

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Staff and Inmate Contact

515.1 PURPOSE AND SCOPE

Interaction with inmates allows for continual assessment of the safety and security of the facility and the health and welfare of the inmates. However, inappropriate interaction can undermine security and order in the facility and the integrity of the supervision process.

This policy provides guidelines for appropriate and professional interaction between members and inmates, and is intended to promote high ethical standards of honesty, integrity and impartiality as well as increase facility safety, discipline and morale.

Violation of this policy may result in disciplinary action up to and including dismissal. Members who seek information or clarification about the interpretation of this policy are encouraged to promptly contact their supervisor.

515.2 POLICY

The Chief Jail Administrator shall ensure that inmates have adequate ways to communicate with staff and that the staff communicates and interacts with inmates in a timely and professional manner.

515.3 GENERAL CONTACT GUIDELINES

Members are encouraged to interact with the inmates under their supervision and are expected to take prompt and appropriate action to address health and safety issues that are discovered or brought to their attention.

All members should present a professional and command presence in their contact with inmates. Members shall address inmates in a civil manner. The use of profanity, and derogatory or discriminatory comments is strictly prohibited.

Written communication (e.g., request forms, inmate communication, grievances, rules infraction forms, disciplinary reports) shall be answered in a timely manner. Such communication shall be filed with the inmate’s records.

Members shall not dispense legal advice or opinions, or recommend attorneys or other professional services to inmates.

While profanity and harsh language are prohibited, the Office recognizes the necessity for staff to give inmates direction in a firm, determined, and authoritative manner in order to maintain proper supervision and control. Authoritative directions to inmates are particularly instructed when activities or events pose a threat to the safety or security of this facility.

515.4 CONSTITUTIONAL MATTERS

Members shall follow all United States and Washington Constitutional requirements pertaining to custodial situations; including, but not limited to, search and seizure, access to counsel and interview and interrogation.

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515.5 ANTI-FRATERNIZATION

Personal or other interaction not pursuant to official duties between facility staff and current inmates, inmates who have been discharged within the previous year, their family members or known associates have the potential to create conflicts of interest and security risks in the work environment.

Members shall not knowingly maintain a personal or unofficial business relationship with any persons described in this section unless written permission is received from the Chief Jail Administrator.

Prohibited interactions include but are not limited to:

(a) Communications of a sexual or romantic nature.

(b) Salacious exchanges.

(c) Sexual abuse, sexual assault, sexual contact, or sexual harassment.

(d) Exchanging letters, phone calls, or other similar communications, such as texting.

(e) Exchanging money or other items.

(f) Extending privileges, giving or accepting gifts, gratuities, or favors.

(g) Bartering.

(h) Any financial transactions.

(i) Being present at the home of an inmate for reasons other than an official visit without reporting the visit.

(j) Providing an inmate with the staff member’s personal contact information, including social media accounts.

515.5.1 EXCEPTIONS

The Chief Jail Administrator may grant a written exception to an otherwise prohibited relationship on a case-by-case basis based upon the totality of the circumstance. In determining whether to grant an exception, the Chief Jail Administrator should give consideration to factors including, but not limited to:

- Whether a relationship existed prior to the incarceration of the inmate.
- Whether the relationship would undermine security and order in the facility and the integrity of the supervision process.
- Whether the relationship would be detrimental to the image and efficient operation of the facility.
- Whether the relationship would interfere with the proper discharge of, or impair impartiality and independence of, judgment in the performance of duty.

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515.6 REPORTING

Members shall promptly report all attempts by inmates to initiate sexual acts or any salacious conversations, and forward any correspondence from an inmate or former inmate to the Chief Jail Administrator or the authorized designee.

Members shall report all attempts by inmates to intimidate or instill feelings of fear to their supervisor.

Members shall promptly notify their immediate supervisors in writing if:

- A family member or close associate has been incarcerated or committed to the custody of the facility.
- The member is involved in a personal or family relationship with a current inmate or with an inmate who has been discharged within the previous year.

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Transportation of Inmates Outside the Secure Facility

516.1 PURPOSE AND SCOPE

The purpose of this policy is to establish guidelines for the transportation of inmates outside this facility and to ensure that the staff assigned to transportation duties is qualified and adequately trained.

516.2 POLICY

It is the policy of the Island County Sheriff's Office to provide safe, secure and humane transportation for all inmates and other persons as required by law.

This office shall transfer all inmates from the correctional facility to the place of imprisonment pursuant to the sentence of the court as soon as practicable after the sentence, in accordance with all laws relating to the transfer of inmates and costs related to transfers to facilities and jurisdictions.

516.3 PROCEDURES

Only staff members who have completed office-approved training on inmate transportation should be assigned inmate transportation duty. All staff members who operate transportation vehicles shall hold a valid license for the type of vehicle being operated.

Any member who transports an inmate outside the secure confines of this facility is responsible for:

(a) Obtaining all necessary paperwork for the inmate being transported (e.g., medical/ dental records, commitment documents).

    (a) If the inmate being transported has a developmental disability or is suffering from a traumatic brain injury, the nature of the disability and any necessary accommodations must be documented and provided to the receiving facility staff (RCW 70.48.245).

    (b) Transporting staff will place a copy of the inmate(s) Booking Sheet with the transport packet for the receiving facility. The Booking Sheet should be affixed to the front of the transport packet when inmates are being transferred to another facility.

(b) Items that should be reviewed and considered include:

    1. Type of restraints to be used on the inmates being transported. Typically all inmates should be restrained in mechanical ankle and waist restraints.

    2. The routes, including alternate routes, to be taken during the transportation assignment. Routes should be selected with security for the community in mind.

    3. Emergency response procedures in the event of a collision, breakdown of a transportation vehicle or other unforeseen event.

(c) Ensuring that all inmates are thoroughly searched and appropriate restraints are properly applied.

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1. Leg irons or waist chains shall not be used on any inmate known to be pregnant (see the Use of Restraints Policy) (RCW 70.48.500(3)).

(d) Ensuring that all vehicle security devices (e.g., window bars, inside cages, door locks) are in good repair and are operational.

(e) Thoroughly searching the transporting vehicle for contraband before any inmate is placed inside, and again after removing the inmate from the transporting vehicle.

(f) Inmates will be directed by transporting staff to wear their seatbelt at all times while being transported in a county vehicle.

(g) Staff to Inmate ratio considerations will be based off the following:

(a) Minimum security inmates may be transported with a 1 to 5 ratio.

(b) Medium security inmates may be transported with a 1 to 3 ratio.

(c) Maximum security inmates may be transported with a 1 to 1 ratio.

(d) The above staff to inmate ratio will be assessed by transporting staff using known inmate history and or possible threat levels. Transporting staff have the ability to determine additional staff requirements upon available information. Supervisors and Lead Deputies will review staffing levels before inmates are transported to ensure all factors are considered before movement outside the secure perimeter.

516.3.1 TRANSPORTATION LOGS

Inmate transportation logs shall be developed by the Chief Jail Administrator or the authorized designee and used to log all inmate transportation. The logs shall include:

- Name and identification number of the inmate.
- Date and start/stop time of the transport.
- Location where the inmate was transported.
- Name and identification number of the transporting deputy.
- Circumstances of any unusual events associated with the transportation.

The logs shall be retained by the facility in accordance with established records retention schedules. The transportation log will be maintained in the Control Room and completed by the staff working that post. All inmate(s) transported by ICSO Corrections Deputies to/from the facility will be properly documented in the Transportation Log.

516.3.2 TRANSFER OF INMATE TO HOSPITAL

When an inmate in custody for a violent or sex offense is taken to a hospital, the transporting deputy shall remain with, or secure, the inmate while the inmate is receiving care, unless (RCW 10.110.020; RCW 10.110.030):

(a) The medical care provider determines the inmate does not need to be accompanied or secured.

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(b) The deputy notifies the medical care provider that the deputy is leaving after reasonably determining:

1. The inmate does not present an imminent and significant risk of causing physical harm to themselves or another person.
2. There is no longer sufficient evidentiary basis to maintain the inmate in custody.
3. In the interest of public safety, his/her presence is urgently required at another location and supervisor approval is obtained.
    (a) The deputy shall make a reasonable effort to ensure a replacement deputy is provided or other means of securing the inmate is provided as soon as possible.

516.4 SUPERIOR COURT ESCORTS

When an inmate or group of inmates must be escorted to Superior Court the following procedures will be followed;

- Inmate(s) will be pat searched and any legal work will be inspected before the inmate is restrained.
- Inmate(s) will be placed in mechanical ankle restraints and waistchains. If an inmate has a physical disability requiring a restraint modification staff will request a restraint alteration approval from a supervisor.
- One inmate may be escorted by one staff member. If staffing levels permit additional staff should assist with the escort.
- When more than one inmate is scheduled to appear in Superior Court Jail Staff will generate a list that determines the order of appearance. Groups of inmates should be established where no more than one inmate from a pod is placed in any one group. If staff are unable to follow this process due to a small court calendar then staff should pay special attention to any possible security concerns.
- Groups of Inmates will not be larger than 5 Inmates with a minimum staff ratio of 2 staff.
- Before any group of Inmates is brought into the area where the Gun Lockers are located one staff member will be properly armed and ready to receive the group.
- Anytime additional staff are arming up or securing weapons in the Gun Lockers area while inmates are present attention to staff safety must be considered. Inmates should be directed to face the wall or away from the Gun Lockers. Armed staff should position themselves between the inmate(s) and the staff member uploading or downloading equipment.

516.5 TRAINING

The Training Manager shall ensure that all employees charged with inmate transportation duties receive training appropriate for the assignment.

Documentation of all training presented shall be retained in the employee's training file in accordance with established records retention schedules.

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Safety Security Cells

517.1 PURPOSE AND SCOPE

This policy establishes the requirement for placing inmates into and the continued placement of inmates in safety securitycells.

517.2 POLICY

This facility will employ the use of safety security cells to protect inmates from injury or to prevent the destruction of property by an inmate in accordance with applicable law.

A safety security cell shall not be used as punishment or as a substitute for treatment. The Chief Jail Administrator or the authorized designee shall review this policy annually with the medical staff.

517.3 SAFETY SECURITY CELL PROCEDURES

The following guidelines apply when placing any inmate in a safety security cell:

- Placement of an inmate into a safety security cell requires approval of the Shift Supervisor or at the recommendation of the medical/mental health staff.
- Anytime an inmate is placed in the safety security cell, the Chief Jail Administrator or designee will be immediately notified.
- The Inmate Daily Multi-Purpose Log shall be initiated every time an inmate is placed into the safety security cell and will be maintained for the entire time the inmate is housed in the cell. Inmate Daily Multi-Purpose Logs will be retained in accordance with established office retention schedules (WAC 44-14-03005).
- A safety check consisting of direct or indirect visual observation that is sufficient to assess the inmate's well-being and behavior shall occur as indicated on the log at a minimum of every 15 minutes. A direct observation will be made of the inmate at least once every hour. Each safety check of the inmate shall be documented. Supervisors shall inspect the logs for completeness before the end of their assigned shift. This review will be documented in the Inmate Daily Multi-Purpose Log.
- Any safety check conducted by indirect visual observation will be made by a Corrections Deputy assigned to work inside the facility and will be of sufficient motion to as not be questionable upon playback of the security electronics recording.
- Inmates should be permitted to remain normally clothed or will be provided a suicide prevention smock. If an inmate is placed in a suicide prevention smock the reason for this will be documented in Spillman and a copy of this document will be placed in the inmate file at the Deck Station.
- Inmates in safety security cells shall be given the opportunity to have at least 8 oz of fluids (water, juices) at least hourly. Deputies shall provide the fluids in paper cups. The inmates shall be given sufficient time to drink the fluids prior to

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the cup being removed. Each time an inmate is provided the opportunity to drink fluids it will be documented on the Inmate Daily Multi-Purpose Log.

- Inmates will be provided meals and fluids during each meal period. Meals will be served on paper plates or in other safe containers. The inmates will be monitored during meals. Inmates shall be given ample time to complete their meals prior to the plate or container being removed. All meals provided to inmates in safety security cells will be documented on the Inmate Daily Multi-Purpose Log. If an inmate refuses to accept the fluids or meal it will be documented as a refusal on the log. Supervisors and medical staff will be informed of these instances during shift pass down times.
- The Shift Supervisor shall review the appropriateness for continued retention in the safety security cell on an hourly basis. The reason for continued retention or removal from the safety cell shall be documented on the Inmate Daily Multi-Purpose Log.
- A medical assessment of the inmate in the safety security cell shall occur within 12 hours of placement or at the next daily sick call, whichever is earliest. Continued assessment of the inmate in the safety cell shall be conducted by a qualified health care professional and shall occur at least every 24 hours thereafter. Medical assessments shall be documented.
- A mental health assessment shall be conducted within 24 hours of an inmate's placement in the safety cell or when Mental Health arrives in the facility. The mental health professional's recommendations shall be documented.

517.4 SOBERING CELL PROCEDURES

The following guidelines apply when placing any inmate in a Safety Security Cell for the purposes of monitoring alcohol/drug related issues:

- The Inmate Daily Multi-Purpose Log shall be initiated every time an inmate is placed into the Safety Security Cell. The log shall be maintained for the entire time the inmate is housed in the cell. Inmate Daily Multi-Purpose Logs will be retained in accordance with established office retention schedules (WAC 44-14-03005).
- A safety check consisting of direct visual observation that is sufficient to assess the inmate's well-being and behavior shall occur at least every 15 minutes. Each visual observation of the inmate by staff shall be documented. Supervisors shall check the logs for completeness and document this action on the cell log before the end of their assigned shift.
- A health care professional shall assess the medical condition of the inmate in the Safety Security Cell in accordance with the office Detoxification and Withdrawal Protocol. Only inmates who continue to need the protective housing of the Safety Security Cell will continue to be detained in such housing.

Inmates will be removed from the Safety Security Cell when they no longer pose a threat to their own safety and the safety of others.

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517.5 SAFETY SECURITY CELL RELEASE PROTOCOL

When it is believed an inmate no longer requires placement in the Safety Security Cell the following guidelines apply:

- The Shift Supervisor or Lead Deputy will review the incident and reasoning for the placement in the Safety Security Cell.
- If the Inmate was placed in the Safety Security Cell for behavior related issues the Shift Supervisor or Lead Deputy has the authority to release the inmate from the Safety Security Cell. If any changes to the inmates Conditions of Confinement are to be made upon release it will be documented on the Inmate Daily Multi-Purpose Log. The release approval will be documented on the Inmate Daily Multi-Purpose Log and signed by the approving Supervisor or Lead. Notification to the Chief Jail Administrator will also be made once the Inmate is released back to his/her cell.
- If the Inmate was placed in the Safety Security Cell for medical related issues the Shift Supervisor or Lead Deputy will consult with the Nurse or Medical Director before moving the inmate back to an assigned cell. Medical Staff will conduct and document an medical assessment of the inmate before the inmate is moved back to the assigned cell. The release approval will be documented on the Inmate Daily Multi-Purpose Log and signed by the approving Supervisor or Lead. Notification to the Chief Jail Administrator will also be made once the Inmate is released back to his/her cell.
- If the Inmate was placed in the Safety Security Cell for mental health related issues the Shift Supervisor or Lead Deputy will consult with the mental health provider before releasing the inmate from the Safety Security Cell or before making any changes to the Conditions of Confinement. If the mental health provider determines the inmate is appropriate for release from the Safety Security Cell they will document and sign their recommendations on the Inmate Daily Multi-Purpose Log. The mental health provider should clearly document any restrictions, watch status and changes to Conditions of Confinement. The mental health provider will consult with the Shift Supervisor or Lead Deputy before the inmate is released back their assigned cell. The release approval will be documented on the Inmate Daily Multi-Purpose Log and signed by the approving Supervisor or Lead. Notification to the Chief Jail Administrator will also be made once the Inmate is released back to his/her cell.
- If there is ever a circumstance where it is believed any of the above processes must be deviated from the Shift Supervisor or Lead Deputy will contact the Chief Jail Administrator before any changes are made.

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Biological Samples

518.1 PURPOSE AND SCOPE

This policy provides guidelines for the collection of biological samples from those inmates required to provide samples upon conviction for certain offenses (RCW 43.43.754). This policy does not apply to biological samples collected at a crime scene or taken from a person in conjunction with a criminal investigation. Nor does it apply to biological samples collected from those required to register, for example, as sex offenders.

518.2 POLICY

The Island County Sheriff's Office shall assist in the expeditious collection of required biological samples from inmates in accordance with the laws of this state and with as little reliance on force as practicable.

518.3 INMATES SUBJECT TO BIOLOGICAL SAMPLE COLLECTION

The following inmates must submit a biological sample (RCW 43.43.754):

(a) Every inmate convicted on or after June 12, 2008, of any of the following crimes (or equivalent juvenile offenses):

1. Any felony offense
2. Assault in the fourth degree where domestic violence as defined in RCW 9.94A.030 was pleaded and proven (RCW 9A.36.041)
3. Assault in the fourth degree with sexual motivation (RCW 9A.36.041; RCW 9.94A.835)
4. Communication with a minor for immoral purposes (RCW 9.68A.090)
5. Custodial sexual misconduct in the second degree (RCW 9A.44.170)
6. Failure to register (RCW 9A.44.040 et seq.)
7. Harassment (RCW 9A.46.020)
8. Patronizing a prostitute (RCW 9A.88.110)
9. Sexual misconduct with a minor in the second degree (RCW 9A.44.096)
10. Stalking (RCW 9A.46.110)
11. Violation of a sexual assault protection order granted under RCW 7.105.050 et seq. (Civil Protection Orders)
12. Indecent exposure (RCW 9A.88.010)

518.4 PROCEDURE

When an inmate is required to provide a biological sample, a trained employee shall attempt to obtain the sample in accordance with this policy.

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518.4.1 COLLECTION

The following steps should be taken to collect a sample:

(a) Verify that the inmate is required to provide a sample pursuant to RCW 43.43.754.

(b) Verify that a biological sample has not been previously collected from the inmate by querying the Washington State Patrol (WSP) Crime Lab. There is no need to obtain a biological sample if one has been previously obtained (RCW 43.43.754).

(c) Use the designated collection kit provided by the WSP to perform the collection and take steps to avoid cross contamination.

(d) Forward the sample to the appropriate crime laboratory as soon as practicable.

518.5 CALCULATED USE OF FORCE TO OBTAIN SAMPLES

If an inmate refuses to cooperate with the sample collection process, deputies should attempt to identify the reason for refusal and seek voluntary compliance without resorting to using force. Force will not be used in the collection of samples except as authorized by court order or approval of legal counsel and only with the approval of the Shift Supervisor. Methods to consider when seeking voluntary compliance include contacting:

(a) The inmate's parole or probation officer when applicable.

(b) The prosecuting attorney to seek additional charges against the inmate for failure to comply or otherwise bring the refusal before a judge (RCW 43.43.754(11)).

(c) The judge at the inmate's next court appearance.

(d) The inmate's attorney.

(e) A chaplain.

(f) A supervisor who may be able to authorize disciplinary actions to compel compliance, if any such actions are available.

The Shift Supervisor shall review and approve any calculated use of force. The supervisor shall be present to supervise and document the calculated use of force.

518.5.1 VIDEO RECORDING

A video recording should be made any time force is used to obtain a biological sample. The recording should document all staff participating in the process, in addition to the methods and all force used during the collection. The recording should be part of the investigation file, if any, or otherwise retained in accordance with the office’s established records retention schedule.

518.6 LEGAL MANDATES AND RELEVANT LAWS

Washington law provides for the following:

518.6.1 AVAILABLE INFORMATION AND TRAINING

The Sheriff or the authorized designee should maintain relevant information from the WSP in the booking area of the Island County Sheriff's Office for training and guidance purposes. This should

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include WSP protocols for the collection, preservation, and shipment of biological samples (WAC 446-75-060).

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OVER-DETENTION and INADVERTENT RELEASES

519.1 PURPOSE AND SCOPE

This policy is intended to provide guidance to staff and management in the event of over-detention or inadvertent release.

519.1.1 DEFINITIONS

Definitions related to this policy include:

Inadvertent release - Any instance of an inmate being mistakenly released.

Over-detention - Any instance of an inmate being mistakenly detained beyond his/her scheduled release date.

519.2 POLICY

It is the policy of this Office to reasonably ensure that over-detention and inadvertent releases do not occur.

519.3 OVER-DETENTION

Any custody staff member who discovers or receives information of an over-detention, or a complaint from an inmate regarding over-detention (which could be discovered through a grievance), should immediately notify the Shift Supervisor (see the Inmate Grievances Policy).

The Shift Supervisor should review the jail records immediately to investigate to determine the correct release date of the inmate and to report the findings to the Chief.

Inmates who are found to be over-detained shall be processed for immediate release in accordance with the Release Policy. The Chief shall ensure that the Sheriff and Prosecuting Attorney are notified, an entry is made to the daily activity log and that a report is completed.

519.3.1 OVER-DETENTION GRIEVANCES

Any staff member who receives information or a complaint from an inmate regarding over-detention should assist the inmate with completing a grievance form and forward the form directly to the Shift Supervisor as soon as practicable.

The Shift Supervisor receiving a grievance regarding an over-detention should review the jail records immediately and conduct an investigation to determine the correct release date of the inmate and to report the findings to the Chief.

If the Shift Supervisor decides not to release the inmate, the Shift Supervisor should ensure the inmate receives a response and advised of the grievance appeal process. Documentation should reflect efforts made to investigate the allegation (see the Inmate Grievances Policy).

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519.4 INADVERTENT RELEASE

Whenever an inadvertent release is discovered, the custody staff member making the discovery shall immediately notify the Shift Supervisor. The notification shall be documented in the daily activity log.

519.4.1 INADVERTENT RELEASE INVESTIGATION

The Shift Supervisor should immediately conduct an investigation to determine the cause of the inadvertent release.

The Shift Supervisor will coordinate a response based upon the seriousness of the threat the inmate may pose to the community. The threat assessment should be based upon the inmate's criminal history and the reason he/she is currently in custody, among other factors.

In the case of an inadvertent release, the Shift Supervisor shall immediately notify the Chief and ensure a report is completed. The Chief shall notify the Sheriff.

An appropriate evaluation of the circumstances shall be made to determine whether the inadvertent release should be classified as an escape.

The Shift Supervisor shall notify dispatch (ICOM) to have them broadcast that the subject was inadvertently release and the need to regain custody. They shall also notify the Prosecuting Attorney's Office to determined if a warrant is required.

A resent booking photograph will be attached to the incident call for patrol's use.

519.4.2 RETURN OF THE INMATE TO CUSTODY

When the inmate is located and returned to the facility, the appropriate notifications should be made as soon as possible.

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End of Term Release

520.1 PURPOSE AND SCOPE

The purpose of this policy is to establish and maintain procedures governing the end of term release of inmates to ensure that inmates are not released in error.

520.2 POLICY

It will be the policy of the Island County Sheriff's Office to provide for the timely, efficient and legal release of inmates.

520.3 RELEASE PROCEDURE

Inmates who have reached the end of their sentenced term or who are ordered released by the court will be scheduled for release at staggered times on their out-dates to avoid congestion in the release area. Inmates scheduled for release shall be escorted by the staff to the transfer/release area to begin the release procedure 30 minutes prior to their scheduled release time.

The Shift Supervisor or release officer shall sign and date the release paperwork on the same day the inmate is to be released.

Inmates shall not be released or moved during inmate count, change of shift, or at any time that would pose a potential safety threat or disrupt the orderly operation of the facility.

All inmates must be positively identified by the staff prior to being released from the facility. Inmate identities should be verified using intake records bearing the inmate's name, photograph, and facility identification number or a single-digit fingerprint match system, if available.

Before any inmate may be released, the following conditions must be met:

(a) The identity of the inmate has been verified.

(b) All required paperwork for release is present. The staff shall review the active inmate file to verify the validity of the documents authorizing the release. The file should also be reviewed for other release-related or pending matters, including:

1. Verifying calculations and release-date adjustments for good time.
2. Any pending arrangements for follow-up, such as medications needed, appointments, or referral to community or social resources.
3. Unresolved grievances, damage claims, or lost property.
4. Sex and kidnapping offenders must register prior to release. The releasing deputy will ensure that the offender registers at the time of release with an official designated by the agency that has jurisdiction over the offender. The registration information shall, within three days, be forwarded to the Sheriff of the offender's county of residence. The offender must be advised of the duty to register with the Sheriff of the offender's county of residence, school, or place of employment or vocation (RCW 9A.44.130).
5. If the releasing staff has knowledge that an offender being released has a duty to register and is eligible for developmental disability services, the department

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of social and health services shall be notified, and assistance provided to the offender in order that the offender can meet the initial registration requirements (RCW 9A.44.130).

(c) Releasing staff must complete National Crime Information Center (NCIC) and local warrant checks to ensure that there are no outstanding warrants or detention orders. If any agency has outstanding charges against the inmate, the staff shall notify the agency that the inmate is available for release.

(d) If an inmate has known mental health concerns, the inmate shall be evaluated by a qualified health care professional and medically authorized for release. To the extent practicable, individuals who have been determined to be severely mentally ill should be released during business hours to facilitate their ability to receive services immediately after release (RCW 70.48.475).

1. If the inmate is subject to a discharge review under RCW 71.05.232, the designated crisis responder shall be notified by the Chief Jail Administrator or the authorized designee 72 hours in advance of the release but in no case later than the actual release of the inmate (RCW 70.48.475).

(e) All personal property shall be returned to the inmate during the release process. The inmate must acknowledge receiving the property by signed receipt. Any discrepancies shall be promptly reported to the Shift Supervisor.

(f) All facility property must be returned by the inmate. Any missing or damaged facility property should be documented and promptly reported to the Shift Supervisor. The inmate shall remain in custody until the Shift Supervisor reviews the damage and authorizes the release.

(g) A forwarding address for the inmate should be on file and verified with the inmate for return of mail.

(h) Inmates on probation or parole should be directed by the staff to report to the probation or parole office immediately upon release. The parole authorities having jurisdiction shall be notified of the inmate's release, if required.

(i) If needed, inmates may be allowed to make a reasonable number of phone calls to arrange for transportation.

The housing sheet, release log, and daily census log shall be updated accordingly after the inmate's release. The Shift Supervisor shall ensure all release documents are complete and properly signed by the inmate and the staff where required.

520.3.1 MISSING PERSON REPORT

When completing release procedures, if information from NCIC, Washington Crime Information Center, or similar authority reveals that the inmate is the subject of a missing person report, the Island County Sheriff's Office shall notify the agency with original jurisdiction for the missing person report that the inmate is being released from custody (RCW 68.50.320).

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Body Scanner

522.1 PURPOSE & SCOPE

The purpose of this policy is to establish procedures for the use of the Tek84 x-ray imaging system (Scanner) in the Island
County Jail as a search method and supplemental security tool to enhance the safety and security of the jail, inmates, staff, and
the public by detecting and deterring security threats and contraband on or in a subject or hidden within property.

522.2 DEFINITIONS

Bystander - means any person other than the individual being screened who is not directly associated with operation of the
body scanner.

Exposure - means being exposed to ionizing radiation or to radioactive material.

Operator – means the employee associated with the operation of the system whose responsibilities include at least one of
the following: (1) initiating or stopping the scan, (2) verifying the system is operating correctly; (3) providing information and
instructions to screened individuals; and (4) controlling access to the inspection zone. This does not include other employees,
such as individuals who may be remotely viewing the image results but are not directly responsible for the other functions.

Scan – means the operation necessary to produce one image (e.g., front view) from one radiation source. More than one scan
may be required for a single screening of a subject.

Scanner - means the Tek84 t full body scanner which is a low dose scanning system that that uses x-rays that pass through
a person's body and produce internal and external images for the purpose of detecting various types of dangerous or illegal
substances such as liquid explosives, drugs, copper wires, plastics, etc. The system does not reveal skin surface or fine
anatomical detail.

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Sex – means the searched person's gender, including the person's gender identity and gender expression.
Subject -means an arrestee or inmate of the Island County Jail.

Radiation – means the process in which energetic particles or waves travel through a medium or space. There are two distinct
types of radiation: ionizing and non-ionizing. X-radiation is an ionizing radiation.

Radiation Survey - means the measurement of the X-radiation equivalent dose rate at the external surfaces of the body scan
device, the personnel workstation, the boundaries of the working zone and in adjacent rooms

522.3 SCANNER CAPABILITIES

Using the Tek84 Intercept low dose scan, a person can be scanned up to 1,000 times year and 125 times per year on a high dose.
The Scanner is intended to assist in the detection of security threats and/or contraband. Acceptable use includes any application
directed towards this purpose, including without limitation: examining the subjects, training, testing, and demonstration to
potential users.

Medical Devices.

The Scanner is designed and tested by Tek84 to ensure that scans will not interfere with medical devices
such as pacemakers, catheters, and other medical devices. The presence of such a device should not preclude the use of
the Scanner unless other circumstances known to medical staff or jail staff indicate otherwise. Questions should be directed to
medical staff, the operator's manual, and a supervisor.

Tek84 Intercept scanner is able to image:
(a) Prosthetics to identify hidden narcotics, weapons, or contraband
(b) Sharp objects, sporting goods, guns/firearms, tools, and martial arts/self-defense items.
(c) Explosive/flammable materials, disabling chemicals, food/drink and any objects that could be considered as

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dangerous.
(d) Make up, personal items, backpacks, and electronic devices

522.4 TRAINING & GENERAL REQUIREMENTS

1. No employee shall operate the Scanner without first successfully completing proper training. The Sergeant is
responsible for ensuring all staff assigned to operate the Scanner have been trained prior to such assignment.

2. Each operator shall be provided radiation safety training prior to performing security screening operations. The
training shall include:

(a) The types of radiation
(b) Sources and magnitudes of typical exposures
(c) Radiation units
(d) Concept of time, distance, and shielding
(e) Concept of ALARA (As Low as Reasonably Achievable)
(f) Biological effects
(g) Radiation risk
(h) Basic risk communication concepts
(i) Training on the administrative controls associated with ensuring that dose to subjects is limited and on
the importance of these administrative controls (i.e., any individual screened shall be limited to no more
than 250 micro-Sieverts in any 12-month period.)
(j) Other safety hazards (e.g., unauthorized disassembly of the system).
(k) Physical security procedures to prevent unauthorized use or access.
(l) Operator awareness and control of inspection zones.
All corrections officers and sergeants assigned to booking will complete the radiation safety acknowledgment (basic radiation
awareness training) annually.
When not in use, the Scanner shall be secured and inaccessible to inmates and unauthorized persons.
A copy of the operator's manual will be kept in the sergeant's office.

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522.5 INMATES SUBJECT TO SEARCH

All booked and housed inmates may be scanned at any time, unless a condition exists that would prohibit scanning.

Considerations that warrant a scan for a housed inmate, include without limitation, the following:

1. After contact with the public (i.e., the inmate has returned from any place where they have not been under
continuous staff supervision and could reasonably have obtained and concealed contraband before being
returned to custody.) Such contact includes, without limitation:

(a) inmates returning from transport to other non-sterile condition (e.g., court, outside medical appointments,
hospital stay, court-ordered pass, furloughs, funerals work crews, etc.).

(b) inmates within housing units who demonstrate signs of symptoms of drug intoxication.

(c) where an inmate is suspected of having contraband on their person or within the facility.

(d) when an inmate may have been involved in an altercation of any kind.

(e) when an inmate has had physical contact with a visitor or volunteer.

(f) prior to placement in a safety cell.

522.6 EXCEPTIONS & OTHER CONSIDERATIONS

Belligerent / Combative Inmates. Belligerent or combative subjects will not be scanned until such point where they
are calm enough to comply with instructions safely.

Refusal Protocol. Subjects that refuse to be scanned, without an approved basis for such refusal, will be advised that their
refusal is a violation of jail policy and will be treated accordingly. Inmates refusing to be scanned, or unable to be scanned due
to behavior will remain in a cell where their activities can be monitored until they have been scanned or otherwise searched
for weapons, drugs, or contraband.

Pregnant Inmates.

1. Pursuant to the manufacturer's operator manual, it is not necessary to exclude any groups from scans. However,

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the Scanner will not be used to scan a woman who is known or believed to be pregnant without prior approval
from a Lieutenant.
2. Inmates with a negative pregnancy test may be scanned.

Disabled Inmates. Persons who have a disability shall be afforded reasonable accommodation. For example: an inmate
unable to stand due to a medical condition may be scanned while sitting in a plastic chair. Searches shall be thorough and
professional, with safety and security being the paramount concern.

Intoxicated Arrestees. Care should be exercised when scanning subjects who demonstrate an acute level of intoxication
to such an extent that standing or remaining still for the duration of the scan might not be possible. If the subject demonstrated
objective symptoms of intoxication to an extent that their safety may be compromised, the scan should be delayed to a later
time, or deferred completely if the subject will be released when sober.

Medical Attention. The Scanner is for search purposes only and not for medical diagnosis. Subjects in immediate need of
medical attention should be provided medical attention prior to scanning, subject to safety and security concerns.

Unclear Image. If the initial image taken is not clear, the inmate shall be directed back into the unit, and the operator shall
attempt another scan. No more than three scans of an inmate on intake are to be completed. If a clear image is not able to

be achieved, a supervisor will be contacted, and staff will follow the procedures for refusal. Operators may compare the
current image of an inmate against a previously stored image for reference if needed.

Opt-Out. Inmates may opt-out of the Scan search if any of the following apply:
1. The inmate can provide sufficient documentation that a scan could adversely cause or worsen a medical condition
or:

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2. Provided sufficient evidence that it is against their sincerely (authentic) held religious belief or:
3. Scan log shows the inmate has reached the maximum safe levels of radiation exposure.
Inmates opting out of the Scan will be subject to the refusal protocol identified above.

522.7 PRE-SCANNING

1. Pre-operational Checks. Before operating the screening system, the operator will perform a visual inspection and
check: that the emergency buttons (E-stop) on the x-ray unit and the console are released; and there are no obstacles around
the platform; and the cables on the unit are not bent or broken.

2. Notification and Communication Plan. Upon his/her request, the individual screened will be provided with
information regarding the security screening process. The individual may be told:

(a) The system emits radiation;
(b) Effective dose from one (1) scan does not exceed 0.25 uSv, or maximum value in Limited-use operation
measured in accordance with the ANSI/HPS N43.17 standard;
(c) The number of scans that would result in an effective dose of 25 mrem;
(d) Comparisons of the dose to other common exposures (such as natural background radiation);
(e) Advise that the system complies with the ANSI/HPS consensus standard N43.17 and
(f) If the subject has additional questions, those questions will be addressed to the Radiation Safety Officer.

3. Security/Access. All access to the security screening system will be controlled and require use of a username password.
The username and password will be issued by the Support Sergeant and/ or self-generated.

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522.8 SCANNING PROCESS

The operator shall stand outside of the body scanner when scanning a subject.

The Scanner is intended to assist in the detection of security threats and/or contraband. Acceptable use includes any application directed towards this purpose, including without limitation: examining the subjects, training, testing, and demonstration to potential users. Officers should not solely rely upon the body scanner to detect weapons and contraband. The body scanner is not intended to replace thorough and complete pat searches conducted on a routine basis.

The subject's handcuffs should be removed to obtain a better scan on the individual, if appropriate. The subject can be handcuffed in the front and their hands raised above their head, non-metallic cuffs or a waist restraint cuffing system can be applied for the scan. Officers must be aware of the possibility of the handcuffs covering up a weapon or other contraband in these instances.

The operator and/or any other employee(s) will not make any suggestive or inappropriate statements or comments concerning the person being scanned.

The images generated by the body scanner may only be viewed by the operator unless the person scanned is believed to be in possession of contraband or the operator observes anything unusual about the scan. In either situation, the employee's direct supervisor and other employees and/or members of other law enforcement agencies who have presented the subject for incarceration may view the scan, as necessary.

The operator is to ensure that bystanders remain outside of the inspection zone.

The officer operating the Scanner will:

(a) Input the subject's name and ID number into the system. If identification is not known, the scan will be completed, the scan ID number will be retrieved after the scan, and the arrestee's information will be input and associated with the scan before the end of shift.

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(b) The subject is directed to stand still on the marked footprints and look at the figure painted on the wall of the
machine. Scanner operator activates the scanning process and will take approximately 4 seconds.
(c) During scanning, the operator must stand outside of the footprint on the system. This means the area on the
floor, beside the system, not on the platform.
(d) The operator will activate the scanning process per the manufacturer's instruction and training.
(e) If there are no anomalies in the scan, the booking/housing process may be completed.
(f) If any contraband/foreign object is detected, the officer will comply with the retrieval process.
Any subject found with an apparent weapon located outside of the body cavity will immediately be restrained, the weapon
will be removed, and the weapon will immediately be moved to the vehicle sally port and secured. The subject re-scanned
after removal. In the event a weapon is found inside the body cavity, subject will be restrained, placed on continuous visual
observation on bench or chair. Appropriate law enforcement and medical staff will be summoned immediately. Subject will be
transported to medical facility to remove weapon while under constant supervision by law enforcement or corrections staff. If
corrections staff are the transportation officer, once weapon is removed, it will be secured and placed into evidence. Appropriate
reports will be written.
Inmates should not go to housing without being scanned, except at the direction of the supervisor, and only due to
circumstances where the inmate cannot be scanned. See section on exceptions.
The body scanner should generally be used whenever reasonably practicable in place of a modified strip search, strip search, or
body cavity search of a subject entering, or currently assigned to housing unless one of those searches is reasonably necessary

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after the scan. This section does not apply to routine searches conducted on inmate workers returning to and from work.

522.9 RETRIEVAL PROCESS

If the Scan reveals an anomaly or object that is clearly identifiable as a weapon, drug or other contraband, these procedures
will be followed.

If contraband is detected outside of the body, underneath the inmate's clothing, the subject shall be searched in the area where
the object was noted. After removal, a verification scan will be conducted on the subject to verify all objects have been removed.
If the object is detected inside of the inmate, then the inmate will be given the opportunity to voluntarily remove the contraband/
foreign object if it is not suspected to be a weapon:

1. If it is safe for the inmate to remove the item without harm, and the inmate agrees to remove the item, they will
be escorted to the holding cell, safety cell or change out room so that the item can be retrieved under the supervision of custody staff.

2. After removal, a verification scan will be conducted on the subject to verify all objects have been removed.

If the object is clearly a weapon or suspected drug, the subject will be immediately restrained, that information shall be conveyed
to the on-duty supervisor, and appropriate officer safety practices should be utilized with the weapon secured and immediately
moved to the vehicle in the sally port and secured. After removal, a verification scan of the subject will be conducted to confirm
all objects have been removed.
If the subject being scanned is a not a new arrestee being presented incarceration but is a jail inmate, the on-duty supervisor
will be notified, the contraband will be seized and properly secured by an employee. The on-duty supervisor will coordinate the
ensuing investigation. The contraband will be handled as described in this section and a verification scan of the subject will be

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conducted to confirm all objects have been removed.

If the contraband cannot simply be removed from the clothing or exterior of the subject's body due to the fact that it may have been ingested or inserted into a body cavity (e.g., rectum, vagina, mouth) the subject will be asked to remove the object. If the subject agrees to do so, the subject will be placed in the holding cell with an employee of the same sex to be given that opportunity. If the subject refused to remove the object, or the object appears to be in a location where a physical body cavity search or intrusive medical procedure would be required, admittance of the subject to the jail will be refused and the transport officer will be required to return the subject for admittance to the jail on only when the contraband has been removed from the subject's body and the subject has been medically cleared by the hospital.

If the subject is already in custody and a physical body cavity search is determined to be necessary, the on-duty Sergeant shall notify a Lieutenant and make the necessary arrangements with medical to have the individual transported to the hospital in order for the item to be removed.

Any contraband retrieved from a body cavity, or which is otherwise suspected of being contaminated, shall be handled using appropriate safeguards and shall be placed in a container which shall be clearly labeled "biohazard", logged in the Body Scanner Contraband Log and an incident report prepared.

522.10 GENDER & VIEWING CONSIDERATIONS

Cross gender viewing of screened images should only be permitted if the system is equipped with appropriate privacy filters.

Although the body scanner does not reveal identity or gender-specific images, the scanner should not be used for cross gender searches. The person performing the scan should be the same sex as the person being scanned. All trans-gender subjects should be scanned by the sex that the subject feels most comfortable with for this purpose. An exception may be made in the event

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an anomaly or contraband is detected and there is no person of the same sex available to assist in the identifying the object
on the scan.
All persons within sight of the visual display of a body scanner depicting the body during a scan should be of the same sex as the
person being scanned (except for physicians or licensed medical personnel).
The operator and/or any other employee(s) will
not make any suggestive or inappropriate statements or comments concerning the person being scanned.

Investigative Same-Sex Viewing. Investigative staff of the same sex as the scanned inmate may retrieve scanned
images without the digitized privacy filter for evidentiary purposes for an internal or criminal investigation.

Prohibition on Inmates Viewing Images. Inmates must never be allowed to see the monitor that displays the scanned
images either of themselves or another inmate. However, if an inmate is subject to disciplinary action, they may view the image
being used as evidence.

522.11 PROPERTY

Subjects have traditionally used a variety of methods to conceal weapons, drugs, and contraband. Methods have involved
concealing prohibited items inside subject commissary containers, sack lunches, issued bedding, and within envelopes used
for legal materials.

Any property located in subject housing or found in the possession of a subject may be scanned at any time, for any reason.
Subject property located in a stored property bag may be scanned to determine if the bag contains illegal property, weapons,
drugs, or contraband that would pose a risk to the Jail facility if not recovered from the bag, a risk to another institution if the
subject is transferred, or a risk to the general safety of the public if the subject is released.
Use of the Scanner to inspect the contents of packages or articles not belonging to an arrestee/subject, or items that will not be

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stored inside the jail or property rooms will not be conducted absent clear legal authority to do so.

522.12 PRESERVATION OF EVIDENCE

Scanned images are automatically preserved under each subject's ID number.

All images obtained through scans will be stored pursuant to state records retention policy.

In the event contraband is observed in the scan, a printed copy of the scan will be attached to the report(s) generated as a result of that observation, with an appropriate description of the image and contraband location. The on-duty supervisor shall be notified of the detection and appropriate steps will be taken to provide a copy of the image, if needed as evidence for a criminal prosecution.

522.13 RECORDS MAINTENANCE

Use and Maintenance Logs including records of upgrades, modifications, maintenance, and repair will be maintained as required by state retention schedules.

Records of radiation surveys will be maintained for the life of the systems by the Jail Administrator.

Training Records will be maintained for each applicable employee that contain the date of the training, a training syllabus, and a notation that the employee successfully completed the training.

Frequently exposed individuals. For individuals who could receive radiation doses approaching 0.25 mSv (25 mrem) in a year, such as subjects who are frequently admitted to the jail, records will be maintained to demonstrate that the administrative control of 0.25 mSv (25 mrem) in a year is not exceeded. These records will include the following: (i) The maximum estimated effective dose per scan or the actual effective dose per scan, if known; and (ii) The number of times and dates when the individual was scanned.

Upgrades, modifications, maintenance, and repair records will be maintained for the life of the Scanner and state retention

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schedules.

522.14 PROCEDURES IF THE SCANNER IS OUT OF SERVICE

If the Scanner is out of service, the following will occur:

(a) The on-duty supervisor will contact the vendor if there is an issue with the device, rendering it unserviceable/out
of service and brief the lieutenant regarding the issue.
(b) Bookings will be processed without the scanner process.
(c) The supervisor will designate an officer to track subjects who were not scanned at the time of intake.
(d) Before moving the subject to housing, movement officers will confirm whether the Scanner remains out of service.
(e) If back in service, the movement officer will ensure the subject is scanned before moving them to housing.
(f) If not in service, the subjects will be moved, and the list of subjects not scanned retained.
(g) Subjects will not be held in booking solely due to the Scanner being out of service. The Scanner is supplemental
and not a replacement for completing thorough pat and strip searches.
(h) Once the Scanner is operational, subjects previously housed without being scanned will be brought up to booking
for scanning.

522.15 COMPLIANCE, MAINTENANCE AND INSPECTION

A visual inspection of the body scanner shall take place by a trained operator at the beginning of each shift prior to the first use
of the unit. The inspection of the unit will be documented on the Daily Log by the operator.

Staff completing the visual inspection will: (i) Inspect the device for obvious damage; (ii) Ensure all access panels are securely
in place; (iii) Ensure all accessible (external) cable connections are secure; and (iv) If the system is not already turned on, turn
it on using the key (turn 90° clockwise); and (v) verify the power light is on.

Staff shall promptly report any malfunction or safety issue related to the Scanner to the on-duty supervisor. If there is a malfunction

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or safety issue identified, the Scanner will be taken out of service and not utilized until it has been inspected/repaired and cleared as safe by authorized repair personnel.

A sign will be posted on the Scanner indicating that it is out of service and the key used to operate the unit will be removed and secured in the sergeant's office to prevent use.

All warning notices, lamps, and signals must be in good working condition before operating the unit.

All panels and covers must be in place before connection to main power and no panels or covers are to be removed except by approved personnel. Panels will remain closed during operation.

The Scanner shall be operated in compliance with manufacturer standards, guidelines, instructions, recommendations, and safety precautions for subjects and operators.

Staff will report any malfunction or safety issue to a sergeant upon discovery of such an issue.

Liquids or food items should not be placed in or around the unit or on the kiosk. However, if liquids/fluids are spilled on the unit, disconnect the power immediately at the wall plug and contact the on-duty sergeant, who will coordinate an appropriate response/repair.

Compliance. Cleaning of hard surfaces should be done with a damp cloth/ wipe or a glass cleaning solution. No bleach, heavy cleansers, or scrub pads shall be used as this may result in damage to the painted surfaces.

The Scanner is only be used for its intended purpose and not for unnecessary or frivolous activity outside the intended use.

Although not determined to be a safety/health risk, efforts should be made to avoid scanning a subject more than three times in a 24-hour period.

At any time during the scan, the operator can press the "stop scan" button, and the x-ray generation is immediately stopped.

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The motion assemblies will continue to move, but the x-ray generation will stop.

The system will store the number of times each subject has been scanned, based on their identifying information.

Radiation Dose. Pursuant to manufacturer specifications, a subject may be scanned up to 1,000 times per year on the
lowest dose and 125 times per year on the highest dose.

All scans are securely stored within the system. If a person has been scanned the maximum amount of times, the unit will not
allow more scans to be completed. The Booking Sergeant will be notified immediately in those cases, for direction.

The jail will establish and comply with a Radiation Protection Program to protect workers and the public from unnecessary
exposure to radiation and to keep all exposures below the limits required by law.

Qualified personnel shall perform regular maintenance on the Scanner in compliance with manufacturer's recommendation.
The disposal of any security screening system will be coordinated with the Chief of Corrections or designee and the Kitsap
County Facilities Maintenance Department supervisor to ensure proper disposal of all hazardous materials.

In an emergency, the Scanner shall be powered off and the appropriate personnel shall be notified in accordance with the
system check requirements. If the control panel is not accessible or functioning, the main power breaker for the system must
be shut off and/or the unit should be unplugged.

522.16 GENERAL

(1) The Chief will designate one or more persons to function as Radiation Safety Officers. The Radiation Safety
Officer will manage the day-to-day use of the system; and designate operators.
(2) The individual responsible for radiation safety will:

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(a) Supervise the radiation safety program;
(b) Comply with appropriate processes to keep ionizing radiation doses to levels that are as low as
reasonably achievable;
(c) Be available to advise and assist in all matters regarding radiation safety;
(d) Review current and proposed uses of the system for compliance with applicable regulatory requirements
and guidance;
(e) Review the location/relocation of security screening systems to ensure compliance with radiation safety
criteria and manufacturer's recommendations and specifications. Other individuals may need to review
and approve the location/relocation of security screening systems to ensure compliance with other safety/
engineering requirements (e.g., floor loading, electrical, and/or operational process); and
(f) Ensure that radiation safety surveys are performed in areas around security screening systems at least
annually;

(g) Ensure surveys are performed with appropriately calibrated equipment and documented accordingly;
and
(h) Ensure that dosimeters, if issued, are used, collected, and processed properly; and
(i) Maintain an inventory of radiation producing devices; and
(j) Maintain radiation safety records in accordance with applicable federal regulations and agency policies;
and
(k) Ensure initial and annual (refresher) radiation safety training is provided to system operators and other
personnel; and
(l) Coordinate investigations of radiation safety related system defects, damage, malfunctions, and
violations of radiation safety procedures; and

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(m) Immediately terminate any unsafe activity involving personnel security screening systems; and
(n) Ensure that the radiation safety program is reviewed at least annually. This review will ensure that the
program is adequate to ensure the safety of personnel and that the program is being followed. At least
once every three years, an external qualified expert will perform this review.

522.17 RADIATION SAFETY OFFICER (RSO) DUTIES

(1) All supervisors will receive Radiation Safety Officer Training and the Chief will designate a supervisor to function
as the RSO.
(2) The RSO will:

(a) Maintain the Radiation Safety and Protection Program and coordinate the safe operation of X-ray based
body scan devices in compliance with applicable federal and state regulations.
(b) Ensure all new or relocated radiation sourcing equipment operated by the Jail is registered and licensed
as required by law.
(c) Ensure all Scanning equipment operated within the Jail is maintained and serviced in compliance with
applicable federal and state regulations.
(d) Arrange and schedule any needed repair or service for the Scanner upon being advised of any damage
or malfunction.
(e) Ensure that radiation safety surveys are performed in compliance with ANSI (American National
Standards Institute) Standards. Retain any survey, service, inspection, and instrument calibration records
as provided by state retention requirements.
(f) Ensure that the annual fee for the Scanner is paid as required by the Washington State Department of
Health, Radiation Program prior to the anniversary of the effective date of the license.

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522.18 RADIATION SURVEYS

1. A formal radiation survey by a qualified expert is required, performed according to the ANSI/HPS N43.17 standards, as follows:
(a) at installation of a security screening system;
(b) periodically, at least once every twelve months;

(c) after any maintenance activity which affects radiation shielding or x-ray production components; and
(d) after any incident that may have damaged the system to create a possible x-ray leakage.

2. These surveys will verify the effective dose per scan, radiation leakage, the adequacy of the inspection zone, and other
parameters specified by the manufacturer; and
3. Records surveys will be maintained by the Corrections Chief or designee for the retention period required by state retention
schedules.

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Electronic Restraints - Corrections Officers

523.1 PURPOSE AND SCOPE

This policy establishes guidelines for the application, supervisory oversight, and restrictions on the use of electronic restraints on persons incarcerated in this facility, during transportation of inmates and during court appearances.

523.2 POLICY

The Island County Sheriff's Office allows the use of office-issued electronic restraints as provided in this policy.

523.3 DEPUTIES RESPONSIBILITIES

Deputies shall successfully complete office-approved training prior to using any electronic restraint device. Only office-issued electronic restraint devices shall be used.

Deputies should perform a function test on the device prior to placing it on an inmate. The Shift Supervisor shall ensure that all electronic restraint devices are properly maintained and in good working order.

A deputy should obtain prior judicial approval for the use of an electronic restraint device in a courtroom. The deputy should briefly explain the operation of the device to the judge.

523.4 VERBAL WARNING

A verbal warning of the intended use of the electronic restraint device should precede its application, unless it would otherwise endanger the safety of deputies or when it is not practicable due to the circumstances. The warning is intended to provide the inmate with an opportunity to comply. The fact that a verbal or other warning was given or the reasons it was not given shall be documented by the deputy deploying the device.

523.5 APPLICATION

Prior to applying the electronic restraint device to an inmate, the deputy should describe its operation and caution the inmate about behaviors that may result in its activation.

Although the electronic restraint device is generally effective in controlling most inmates, deputies should be aware that it may not achieve the intended result, and that they should be prepared with other options.

The electronic restraint device may be used in the following circumstances, when the circumstances perceived by the deputy at the time indicate that such application is reasonably necessary to:

(a) Prevent self-injury, suicide, escape, injury to others, property damage, or an attempt to remove or destroy the device.

(b) Control the behavior of a high-risk inmate who poses a serious threat to safety or security when being moved within the facility or transported outside the facility.

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523.5.1 MULTIPLE APPLICATIONS

Deputies should activate the electronic restraint device for only one standard cycle and then evaluate the situation before applying any subsequent cycles. Multiple applications of an electronic restraint device or for more time than is necessary to control the inmate are generally not recommended and should be avoided unless the deputy reasonably believes that the need to control the inmate outweighs the potentially increased risk posed by multiple applications.

If the first application of the electronic restraint device appears to be ineffective in gaining control of an inmate, the deputy should consider certain factors before additional applications, including whether the inmate has the ability to comply and has been given a reasonable opportunity to comply.

523.5.2 SPECIAL CONSIDERATIONS

Electronic restraint devices should not be used on:

(a) Inmates who are known to be pregnant.

(b) Elderly or infirm inmates.

(c) Inmates with obviously low body mass.

(d) Inmates who have been recently sprayed with a flammable chemical agent or who are otherwise in proximity to any known combustible vapor or flammable material, including alcohol-based oleoresin capsicum (OC) spray.

(e) Inmates whose position or activity may result in collateral injury (e.g., falls from height, running).

Because the application of the electronic restraint device relies primarily on pain compliance, its use generally should be limited to a distraction technique to gain separation between the deputy and the inmate, or to disrupt an inmate's violent or unruly behavior, thereby giving deputies time and distance to consider other force options or actions.

The electronic restraint device shall not be used to psychologically torment, elicit statements from, retaliate against, or punish any inmate.

523.6 MEDICAL TREATMENT

All inmates who have been subjected to the electric discharge of an electronic restraint device should have the contact site medically assessed.

Additionally, any inmate who falls under any of the following categories should, as soon as practicable, be examined by a qualified health care professional:

(a) The inmate is suspected of being under the influence of controlled substances and/or alcohol.

(b) The inmate may be pregnant.

(c) The inmate reasonably appears to be in need of medical attention.

(d) The inmate requests medical treatment.

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If any inmate refuses medical attention, such a refusal should be witnessed by another deputy and/or medical personnel and shall be fully documented. If an audio recording is made of the contact or an interview with the inmate, any refusal should be included, if possible.

Deputies shall inform any person providing medical care or receiving custody that the inmate has been subjected to the activation of an electronic restraint device.

523.7 DOCUMENTATION

Deputies shall document each incident where electronic restraints are placed on an inmate or are activated. Notification shall also be made to a supervisor in compliance with the Use of Force - Corrections Officers Policy. Unintentional activations will also be documented.

523.8 SUPERVISOR RESPONSIBILITIES

Supervisor approval is necessary before an electronic restraint device is placed on an inmate. A supervisor should respond to all incidents where an electronic restraint device was activated.

A supervisor should review each incident where an inmate has been exposed to an activation of an electronic restraint device. Any onboard memory should be downloaded by a supervisor and retained with the inmate’s file.

Photographs of contact sites should be taken and witnesses interviewed.

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Body-Worn Camera (BWC)

526.1 PURPOSE

The purpose of this policy is to establish guidelines for the use of Body-Worn Cameras (BWC) by Island County Jail to enhance transparency, accountability, evidence collection, and public trust while balancing individual privacy rights. This policy is intended to align with applicable Washington Administrative Code (WAC), RCW 43.101.272, RCW 9.73, and guidance from the Washington Association of Sheriffs and Police Chiefs (WASPC).

526.2 POLICY STATEMENT

When issued, Body-Worn Cameras shall be used in a manner that is lawful, ethical, and consistent with professional correctional standards. BWC's are intended to accurately document staff interactions with incarcerated individuals and others within the facility, particularly during enforcement actions, use of force events, and transports. BWC's are not intended to replace written reports or staff testimony.

526.3 SCOPE

The policy applies to Island County Jail employees who are issued and authorized to wear and operate a Body-Worn Camera while on duty.

526.4 DEFINITIONS

Body-Worn Camera (BWC): A agency-issued audio and video recording device worn on the body and used to record interactions.

Activate/Activation: The purpose of turning on the BWC so that it records audio and video.

Use of Force: Any physical effort used to control, restrain, or overcome resistance, consistent with agency use of force policy.

Non-Routine Restraints: Any application of restraints beyond standard handcuffing for routine movement, including but not limited to leg restraints, restraint chairs or other emergency restraints.

526.5 ISSUANCE AND WEAR

A. When issued, BWC's shall be worn by staff while on duty in an approved location on the uniform, in a manner that maximizes the camera's ability to capture audio and video.

B. BWC's shall be activated and used in accordance with this policy and manufacturer instructions.

C. Staff shall not intentionally block, obscure, or tamper with the camera or microphone.

D. Staff are prohibited from using privately-owned body-worn cameras while on duty.

526.6 MANDATORY ACTIVATION

Consistent with RCW 43.101.272 and WASPC best practices, employees shall activate their BWC prior to or as soon as reasonably practical during the following events, unless doing so would be unsafe or impractical:

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1. Any preplanned use of force, including cell extractions and planned compliance operations.
2. Any unplanned or emergent use of force, from the point it becomes reasonably foreseable.
3. Prior to any non-routine use of restraints, including emergency restraints, restraint chairs, or escort devices beyond routine movement.
4. Cell entries for enforcement or investigative purposes, excluding routine welfare checks unless circumstances escalate.
5. Incidents involving assaults, attempts of self-harm, or medical emergencies, when feasible and appropriate.
6. Searches of inmates or cells, when related to enforcement, investigations, or safety concerns.
7. Escorting high risk incarcerated individuals.

Once activated, the BWC should remain activated until the event has concluded, and the employee has disengaged from the incident.

526.7 DISCRETIONARY ACTIVATION

Employees may activate their BWC during other interactions when they believe recording would be beneficial for documentation, safety, or accountability, provided it does not conflict with this policy or applicable law.

526.8 PROHIBITED RECORDING

BWC's shall not be activated or used in the following circumstances, unless required for an enforcement or safety-related purpose:

A. In areas where a reasonable expectation of privacy exists, such as restrooms, showers, or locker rooms, unless exigent circumstances exist.

B. During confidential communications, including attorney-client meetings, legal visits, or private conversations with medical or mental health professionals, unless required for safety or enforcement.

C. For the purpose of personal recordings, harassment, or any non-official use.

D. To record conversations of staff unrelated to official duties.

526.9 NOTICE OF RECORDING

Where practical, staff should inform incarcerated individuals and others that audio and video recording is occurring. Failure to provide notice shall not, by itself, invalidate the recording when notice is impractical or unsafe.

526.10 DEACTIVATION

A. BWC's may be deactivated once the incident has concluded and there is no further law enforcement or correctional purpose.

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B. If deactivation occurs prior to the conclusion of an event, the employee shall document the reason in a report.

C. Staff may deactivate the BWC during an incident when exchanging information with other staff or when engaged in an operation or tactical discussion with other staff. If the BWC is deactivated during a contact to exchange information or discuss operational details with another staff member, the staff member shall state the reason the BWC is being turned off on camera and the staff should promptly re-activate the BWC before resuming duties related to the incident. The reason for the deactivation should also appear in the staff member report or jail log.

526.11 REVIEW AND USE OF RECORDINGS

A. BWC recordings are official records and shall be handled in accordance with RCW 42.56 (Public Records Act), RCW 43.101.272, and applicable WAC provisions.

B. Employees may review their own recordings prior to completing reports, consistent with WASPC guidance except where prohibited by law or administrative direction.

C. Supervisors may review recordings for training, administrative review, incident investigation, or performance evaluation purposes.

D. Recordings may be used as evidence in criminal, civil, or administrative proceedings.

526.12 DATA STORAGE AND RETENTION

A. All BWC recordings shall be uploaded to an Agency-approved secure digital evidence management system.

B. Retention periods shall comply with Washington State records retention schedules and WAC requirements.

C. Employees shall not delete, alter, or duplicate recordings without authorization.

D. Prior to the end of their shift, staff using BWC's shall download the data at designated computer/docking stations.

526.13 PUBLIC DISCLOSURE

Requests for BWC footage shall be processed in accordance with the Washington Public Records Act. Redactions shall be made as required to protect privacy, safety, and legally exempt information.

526.14 TRAINING

Employees issued BWC's shall receive training prior to use, including legal considerations, activation requirements, data handling, and privacy concerns, consistent with WAC and WASPC training recommendations.

526.15 ACCOUNTABILITY AND COMPLIANCE

A. Failure to activate, misuse, or tamper with a BWC may result in corrective or disciplinary action.

B. Accidental or unavoidable failures shall be documented and reviewed.

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526.16 POLICY REVIEW

This policy shall be reviewed periodically to ensure compliance with changes in law, WAC, WASPC guidance, and best practices in correctional operations.

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Chapter 6 - Inmate Due Process

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Inmate Discipline

600.1 PURPOSE AND SCOPE

This policy addresses the fair and equitable application of inmate rules and disciplinary sanctions for those who fail to comply.

600.2 POLICY

It is the policy of this office to maintain written general categories of prohibited inmate behavior that are clear, consistent and uniformly applied. Written rules and guidelines will be made available to all inmates. They will include a process for resolving minor infractions and a hearing process for a more serious breach of inmate rules. Criminal acts may be referred to the appropriate criminal agency.

600.3 DUE PROCESS

Inmates who are subject to discipline as a result of rule violations shall be afforded the procedural due process established in the policies, procedures and practices relating to inmate discipline. Staff will not engage in arbitrary actions against inmates. All disciplinary actions will follow clearly established procedures. All disciplinary sanctions will be fairly and consistently applied.

The process for an inmate accused of a rule violation include:

- Published rules of conduct related to maintaining facility safety, security and order and clearly defined penalties for a violation of rules.
- A fair hearing in which the Chief Jail Administrator or the authorized designee presents factual evidence supporting the rule violation and the disciplinary action.
- Advance notice to the inmate of the disciplinary hearing, to allow the inmate time to prepare a defense.
- An impartial hearing officer.
- The limited right to call witnesses and/or present evidence on his/her behalf.
- The appointment of an assistant or representative in cases where the inmate may be incapable of self-representation.
- A formal written decision that shows the evidence used by the hearing officer, the reasons for any sanctions and an explanation of the appeal process.
- Reasonable sanctions for violating rules that relate to the severity of the violation.
- The opportunity to appeal the finding.

600.3.1 INMATE RULES GENERALLY

The Chief Jail Administrator is responsible for ensuring that inmate rules and sanctions are developed, distributed, reviewed annually and revised as needed.

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Inmate rules should be an integral part of the inmate orientation and may be provided verbally by staff, as a part of a video presentation to inmates and in a printed inmate handbook. Inmate rules shall be given to each inmate during initial housing in the form of an inmate handbook, or shall be posted in housing units. Penalties for violation of these rules will also be included in this material.

Inmates cannot be held accountable for rules of which they are unaware. However, it is impossible to define every possible prohibited act or rule violation that might be encountered in a detention facility. Therefore, a current list of recognized infractions that are generally prohibited will be available in each housing unit. Any revised inmate rules shall not go into effect until all inmate rule handbooks have been replaced or the revised rules have been made available in each housing unit. All inmates, regardless of their housing unit, shall have access to these rules. Inmate rules shall be translated into the languages that are understood by the inmates.

Disciplinary procedures governing inmate rule violations shall address rules, minor and major violations, criminal offenses, disciplinary reports, prehearing detention and prehearing actions or investigations.

600.3.2 RULE VIOLATION REPORTS

A record of all disciplinary infractions and punishment administered will be made. This requirement may be satisfied by retaining copies of rule violation reports, including the disposition of each violation. Rule violation reports are required for major rule violations or any other violation that will require investigation or a formal resolution. The staff member who observed or detected the rule violation or who was charged with investigating a rule violation is responsible for completing the rule violation report.

The rule violation report shall include, at minimum:

- The date, time and location of the incident.
- Specific rules violated.
- A written description of the incident.
- The identity of known participants in the incident.
- Identity of any witnesses to the incident.
- Description and disposition of any physical evidence.
- Action taken by staff, including any use of force.
- Name and signature of the reporting deputy
- Date and time of the report.

The supervisor investigating the violation shall ensure that documentation in the investigation or rule violation report includes:

- Date and time the explanation and the written copy of the complaint and appeal process was provided to the inmate.

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- The inmate's response to the charges.
- Reasons for any sanctions.
- The identity of any staff or witnesses involved, as revealed by the inmate.
- The findings of the hearing officer.
- The inmate's appeal, if any.
- The appeal findings, if applicable.

600.4 RULE VIOLATION PROCEDURES

Minor acts of non-conformance to the rules may be handled informally by any deputy.

A violation of rules observed by general service employees, volunteers or contractors will be reported to a deputy for further action. Deputies are authorized to recommend informal sanctions on minor violations.

Any staff member imposing informal discipline shall complete the reporting portion of the disciplinary report and provide the form to the supervisor for review prior to the imposition of the sanction.

The following are disciplinary sanctions that may be imposed for minor rule violations:

- Counseling the inmate regarding expected conduct
- Assignment to extra work detail
- Removal from work detail (without losing work time credits)
- Loss of weekend movie, telephone and/or commissary privileges for a period not to exceed 72 hours
- Lockdown in the inmate's assigned cell or confinement in the inmate's bunk area for a period not to exceed 24 hours

An inmate may request that a supervisor review the imposed sanction. However, this request must be made within one hour of receiving notice of the sanction. The supervisor should respond to the request within a reasonable time (generally within two hours) and shall have final authority as to the imposition of informal discipline.

600.4.1 MULTIPLE MINOR RULE VIOLATIONS

Staff may initiate a major rule violation report if an inmate is charged with three or more minor rule violations in a consecutive 30-day period. Copies of all minor rule violations will be attached to the major rule violation report. A staff member shall conduct a hearing according to the procedures of a major rule violation.

600.4.2 MAJOR RULE VIOLATIONS

Major rule violations are considered a threat to the safety, security or efficiency of the facility, its staff members, inmates or visitors. Staff members witnessing or becoming aware of a major rule

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violation shall take immediate steps to stabilize and manage the situation, including immediate notification of a supervisor. The supervisor shall assess the situation and initiate any emergency action, if necessary, and notify the Shift Supervisor.

The staff member who learned of the rule violation shall write and submit a disciplinary report, along with all relevant evidence, to the appropriate supervisor prior to the end of the shift.

Reports shall be concise, explain the facts of the violation and should describe any evidence supporting that the accused inmate did or did not commit the violation. The report shall contain the elements identified in the Rule Violation Reports section of this policy.

600.4.3 ADMINISTRATIVE SEGREGATION HOUSING

Inmates who are accused of a major rule violation may be moved to administrative segregation housing for prehearing detention, with the Shift Supervisor's approval, if there is a threat to safety or security. Inmates placed in prehearing detention are subject to the property and privilege restrictions commensurate with segregated confinement.

The Chief Jail Administrator or the authorized designee shall, within 72 hours including weekends and holidays, review the status of any inmate in prehearing detention to determine whether continued prehearing segregation housing is appropriate.

600.5 INVESTIGATIONS

Investigations involving major rule violations should be initiated within 24 hours of the initial report and completed in sufficient time for the inmate to have a disciplinary hearing, which is required within 72 hours of the time the inmate was informed, in writing, of the charges. If additional time is needed, the investigating supervisor will request more time in writing from the Shift Supervisor. The inmate will be notified in writing of the delay.

If upon completion of the investigation, the investigating supervisor finds insufficient evidence to support a major rule violation, he/she may discuss alternative sanctions with the Shift Supervisor, including handling the incident as a minor violation or recommending that charges be removed. Such alternatives shall be documented in the inmate's file.

If the investigating supervisor determines that sufficient evidence exists to support a major rule violation, he/she will act as the hearing coordinator and will be responsible for:

- Reviewing all reports for accuracy and completeness.
- Overseeing or conducting any required additional investigation.
- Making a determination as to the final charges.
- Making preliminary decisions about the appointment of a staff member to act as an assistant to the inmate.
- Identifying any witnesses that may be called to the hearing.

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600.6 NOTIFICATIONS

An inmate charged with a major rule violation shall be given a written description of the incident and the rules violated at least 24 hours before a disciplinary hearing.

Unless waived in writing by the inmate, hearings may not be held in less than 24 hours from the time of notification.

600.7 HEARING OFFICER

The Chief Jail Administrator shall appoint at least one hearing officer to preside and conduct disciplinary hearings of rule violations. The hearing officer should be a qualified supervisor or suitably trained designee, who will have the responsibility and authority to rule on charges of inmate rule violations. The hearing officer shall also have the power to impose sanctions. The hearing officer shall not investigate nor preside over any inmate disciplinary hearing on cases where he/she was a witness or was directly involved in the incident that generated the complaint.

600.8 HEARING PROCEDURE

Inmates charged with rule violations are entitled to be present at a hearing unless waived in writing or excluded because their behavior poses a threat to facility safety, security and order. Staff shall inform the hearing officer when any inmate is excluded or removed from a scheduled hearing and shall document the reasons for the exclusion or removal. A copy of the report shall be forwarded to the Chief Jail Administrator.

Hearings may be postponed or continued for a reasonable period of time for good cause. Reasons for postponement or continuance shall be documented and forwarded to the Chief Jail Administrator.

The hearing officer shall disclose to the accused inmate all witnesses who will be participating in the hearing. Inmates have no right to cross-examine witnesses. However, the accused inmate may be permitted to suggest questions that the hearing officer, in his/her discretion, may ask.

600.8.1 EVIDENCE

Accused inmates have the right to make a statement, present evidence and call witnesses at the hearing. Requests for witnesses shall be submitted in writing by the inmate no later than 12 hours before the scheduled start of the hearing. The written request must include a brief summary of what the witness is expected to say.

The hearing officer may deny the request when it is determined that allowing the witness to testify would be unduly hazardous to institutional safety or correctional goals, when the witness's information would not be relevant or would be unnecessarily duplicative, or is otherwise unnecessary. The reason for denying a witness to testify shall be documented in the hearing report. The reason for denial of any documents requested by the inmate shall also be documented in the hearing record.

A witness's signed written statement may be submitted by the inmate as an alternative to a live appearance. The hearing officer shall review and determine whether the statement is relevant to

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the charges and shall document the reason for exclusion when any written statement is not given consideration.

Absent a safety or security concern, all staff reports and evidence, including exculpatory evidence, obtained during the disciplinary investigation shall be made available to the accused inmate prior to the hearing.

600.8.2 CONFIDENTIAL INFORMANTS

If information from any confidential informant is to be presented at the hearing, information establishing the reliability and credibility of the informant shall be provided to the hearing officer prior to the hearing. The hearing officer shall review such information to determine whether the informant is reliable and credible.

600.8.3 STAFF ASSISTANCE

A staff member shall be assigned to assist an inmate who is incapable of representing him/herself at a disciplinary hearing due to literacy, developmental disabilities, language barriers or mental status.

The scope of the duties of the assistant shall be commensurate with the reasons for the appointment. The assistant should be allowed sufficient time to confer with the inmate to fulfill his/her obligations. In these cases the inmate does not have a right to appoint a person to assist in his/her disciplinary hearing. The final decision regarding the appointment rests with the hearing officer.

Inmate discipline is an administrative and not a judicial process. Inmates do not have a right to an attorney in any disciplinary hearing. Additionally, disciplinary matters may be referred for criminal prosecution and jail disciplinary action concurrently as there is no double jeopardy defense for an administrative process.

600.8.4 DISCIPLINARY DECISIONS

Disciplinary decisions shall be based on the preponderance of evidence presented during the disciplinary hearing.

The disciplinary process shall consider whether an inmate's mental disabilities or mental illness contributed to the inmate's behavior when determining what type of discipline, if any, should be imposed (28 CFR 115.78(c)).

600.8.5 REPORT OF FINDINGS

A record of all disciplinary hearings shall be maintained in accordance with established records retention schedules.

The hearing officer shall write a report regarding the decision and detailing the evidence and the reasons for the disciplinary action. A copy of the report shall be provided to the inmate. The original shall be filed with the record of the proceedings. All documentation related to the disciplinary process shall be retained and a copy should be placed in the inmate's file.

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If it is determined that the inmate's charge is not sustained at the end of the disciplinary hearing, the disciplinary report shall be removed from the inmate's file but otherwise maintained in accordance with records retention requirements.

All disciplinary hearing reports and dispositions shall be reviewed by the Chief Jail Administrator or the authorized designee soon after the a final disposition.

600.9 DISCIPLINARY APPEALS

Inmates wishing to appeal the decision of the hearing officer must do so in writing within five days of the decision. All appeals will be forwarded to the Chief Jail Administrator or the authorized designee for review.

Only appeals based on the following will be considered:

(a) The disciplinary process or procedures were not followed.

(b) There was insufficient evidence to support the hearing officer's decision.

(c) The discipline imposed was not proportionate to the violation committed.

A final disposition shall be rendered as soon as possible if the inmate's appeal is granted or discipline is reduced but no later than 10 days after the appeal. The decision of the review authority shall be final and the result of the appeal shall be provided to the inmate in writing.

600.10 LIMITATIONS ON DISCIPLINARY ACTIONS

The U.S. and State Constitutions expressly prohibit all cruel or unusual punishment. Additionally, there shall be the following limitations:

- In no case shall any inmate or group of inmates be delegated the authority to punish any other inmate or group of inmates.
- In no case shall a safety cell, as specified in the Juvenile Housing Policy and the Safety and Sobering Cells Policy, be used for disciplinary purposes.
- In no case shall any restraint device be used for disciplinary purposes.
- Food shall not be withheld as a disciplinary measure.
- Correspondence privileges shall not be withheld except in cases where the inmate has violated correspondence regulations, in which case correspondence other than legal mail may be suspended for no longer than 72 hours without the review and approval of the Chief Jail Administrator.
- In no case shall access to the courts and/or legal counsel be suspended as a disciplinary measure.
- No inmate may be deprived of the implements necessary to maintain an acceptable level of personal hygiene.
- Disciplinary segregation in excess of 30 days without review by the Chief Jail Administrator is prohibited. The review shall include a consultation with health care

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staff. Such reviews shall continue at least every 15 days thereafter until the disciplinary status has ended.

- Discipline may be imposed for sexual activity between inmates. However, such activity shall not be considered sexual abuse for purposes of discipline unless the activity was coerced (28 CFR 115.78(g)).
- No discipline may be imposed for sexual contact with staff unless there is a finding that the staff member did not consent to such contact (28 CFR 115.78(e)).
- No inmate may be disciplined for falsely reporting sexual abuse or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation, if the report was made in good faith based upon a reasonable belief that the alleged conduct occurred (28 CFR 115.78(f)).

600.11 GUIDELINES FOR DISCIPLINARY SANCTIONS

The sanctions imposed for rule violations can range from counseling, loss of privileges, extra work, loss of good and/or work time and restitution for damaging jail property, to implementation of the Disciplinary Segregation Policy. To the extent that there is available therapy, counseling or other interventions designed to address and correct underlying reasons or motivations for sexual abuse, the facility shall consider whether to require an inmate being disciplined for sexual abuse to participate in such interventions as a condition of access to programming or other benefits (28 CFR 115.78(d)).

Discipline shall be commensurate with the nature and circumstances of the offense committed, the inmate's disciplinary history and the sanctions imposed for comparable offenses by other inmates with similar histories (28 CFR 115.78(b)).

Inmates shall be subject to disciplinary sanctions pursuant to a formal disciplinary process following an administrative finding that the inmate engaged in inmate-on-inmate sexual abuse or following a criminal finding of guilt for inmate-on-inmate sexual abuse (28 CFR 115.78(a)).

The Sheriff or the Chief Jail Administrator shall be responsible for developing and implementing a range of disciplinary sanctions for violations.

600.12 TRAINING

The Chief Jail Administrator or the authorized designee is responsible for ensuring that a wide range of training and disciplinary tools are available to aid staff and that preprinted forms are available for documenting rule violations in a consistent and thorough manner.

The Training Manager is responsible for developing and delivering, or procuring, training for staff members who participate in the disciplinary hearing process. Training topics should include the legal significance of due process protections and the hearing officer's role in assuring that those protections are provided.

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Disciplinary Segregation

601.1 PURPOSE AND SCOPE

This policy specifically addresses disciplinary segregation and guiding principles relating to the conditions attached to that segregation. It will provide guidance to the staff on acceptable practices with regard to management of inmates in disciplinary segregation or classified as requiring special management needs.

601.1.1 DEFINITIONS

Definitions related to this policy include:

Disciplinary segregation - A status assigned to an inmate after a disciplinary hearing in which the inmate was found to be in violation of a correctional facility rule or state or federal law. This status results in separating the inmate from the rest of the inmate population to serve the consequence imposed.

601.2 POLICY

The Island County Sheriff's Office will maintain a disciplinary segregation unit to house inmates who, after an impartial due process hearing, are being sanctioned for violating one or more correctional facility rules. Restrictions on privileges will be subject to the disciplinary process and in accordance with this policy.

601.3 DISCIPLINARY SEGREGATION

Inmates may be placed into disciplinary segregation only after an impartial hearing to determine the facts of the rule violation, in accordance with the office Inmate Discipline Policy. The hearing officer shall impose discipline in accordance with the discipline schedule established by the Chief Jail Administrator. Maximum discipline for any one incident, regardless of the number of rules violated, shall not exceed 60 days.

Inmates who are in disciplinary segregation for more than 30 days shall have their case reviewed by the Chief Jail Administrator. The Chief Jail Administrator's review will include a consultation with health care staff. The case will be reviewed every 15 days thereafter, including consultations with health care staff. This review shall be documented.

601.4 INMATE ACCESS TO SERVICES

The ability to discipline inmates for conduct violations is not absolute. Absent legitimate government reason, inmates continue to have a right to receive certain services. However, inmates in disciplinary segregation, in accordance with the Inmate Discipline Policy, or special management inmates, who are disciplined for one or more rule violations, may be subject to loss of privileges or credit for good time and work.

Services to provide for basic human needs must continue to be made available. There are minimum service requirements that must be maintained to ensure the facility continues to operate in a constitutional manner. All custody staff will adhere to the following policy sections to guide

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them in the supervision of inmates held in disciplinary isolation or classified as requiring special management needs.

601.4.1 MEDICATION, CLOTHING AND PERSONAL ITEMS

Inmates placed in disciplinary segregation are considered special management inmates and shall not be denied prescribed medication.

Special management inmates will be provided with clothing that identifies their status, but in no case will this clothing be used to intentionally disgrace the inmate.

Absent unusual circumstances, special management inmates will continue to have the same access to personal items in their cell as general population inmates have, including the following:

- Clean laundry
- Barbering and hair care services
- Clothing exchanges
- Bedding and linen exchanges

Inmates in disciplinary segregation shall not be deprived of bedding or clothing except in cases where the inmate destroys such articles, abuses the intended use of or uses them to attempt suicide. The decision to continue to deprive the inmate of these articles must be made by the Chief Jail Administrator or the authorized designee and reviewed every 24 hours.

601.4.2 SHOWERING AND PERSONAL HYGIENE

Inmates in disciplinary segregation should be allowed to shower with the same frequency as the general inmate population, if reasonably practicable, but at minimum shall be afforded the opportunity to shower at least every other day. The opportunities for each inmate to shave and shower will be documented on the disciplinary logs.

Exceptions to this policy can only be made when the restriction is determined to be reasonably necessary for legitimate government purposes. Any exceptions to this basic requirement must be reviewed and approved by the Shift Supervisor. The circumstances necessitating a restriction must be clearly documented on the unit log.

601.4.3 DENIAL OF AUTHORIZED ITEMS OR ACTIVITIES

Personal items may be withheld when it reasonably appears that the items will be destroyed by the inmate or it is reasonably believed that the personal item will be used for a self-inflicted injury or to harm others.

Whenever an inmate in disciplinary segregation is denied personal care items or activities that are usually authorized to the general population inmates, except for restrictions imposed as a result of a disciplinary hearing, the deputy taking such action shall prepare a report describing the circumstances that necessitated the need to restrict personal items or activities. The report shall be submitted to a supervisor for review, who will then forward it to the Chief Jail Administrator. A copy of the report shall be placed in the inmate's file.

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601.4.4 MAIL AND CORRESPONDENCE

Inmates in disciplinary segregation shall have the same privileges to write and receive correspondence as inmates in general population, except in cases where inmates violated correspondence regulations. In such cases, mail privilege may be suspended. The Chief Jail Administrator or the authorized designee shall approve all mail privilege suspensions that exceed 72 hours. Legal mail shall not be suspended from access or delivery to the inmate.

601.4.5 VISITATION

Inmates in disciplinary segregation shall have the same opportunities for visitation as general population inmates, except when the visitation privileges are suspended pursuant to a sanction imposed by the disciplinary hearing officer. Disciplinary sanctions that limit or curtail visitation must be clearly documented and approved by a supervisor if not a condition of the original approved discipline.

601.4.6 READING AND LEGAL MATERIALS

Inmates in disciplinary segregation shall have the same access to reading materials and legal materials as the general population inmates, unless the restriction is directed by a court of law or there is a reasonable basis to believe the materials will be used for illegal purposes or pose a direct threat to the security and safety of the facility. In such cases the basis for the action shall be documented in the inmate's file and unit log. Access to courts and legal counsel shall not be suspended as a disciplinary measure.

601.4.7 EXERCISE

Inmates in disciplinary segregation shall be given a minimum of three hours of exercise per week outside of their cell. Exceptions to this may occur if there are legitimate security or safety considerations. The circumstances relating to the limitation of exercise shall be documented in an incident report. The report shall be reviewed and the restriction shall be approved by a supervisor.

601.4.8 LIMITED TELEPHONE PRIVILEGES

Inmates in disciplinary segregation may have their telephone privilege restricted or denied. Exceptions include the following:

(a) Making calls to attorneys

(b) Responding to verified family emergencies when approved by a supervisor

All telephone access based on the above exceptions shall be documented on the unit log.

601.4.9 BEDDING AND CLOTHING

Inmates in disciplinary segregation shall not be deprived of bedding or clothing except in cases where the inmate destroys such articles or uses them to harm him/herself or others or for something other than the intended purpose. Clothing and bedding shall be returned to the inmate as soon as it is reasonable to believe the behavior that caused the action will not continue. The decision to continue to deprive the inmate of these articles must be made by the Chief Jail

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Administrator or the authorized designee and reviewed at least every eight hours. This review shall be documented and placed into the inmate's file.

601.5 DISCIPLINARY DETENTION DIET

Under no circumstances will an inmate be denied food as a means of punishment. A disciplinary detention diet may only be used for major violations of correctional facility rules. No inmate receiving a prescribed medical diet is to be placed on a disciplinary detention diet without review and written approval of the Responsible Physician or pursuant to a written plan approved by the Responsible Physician. Disciplinary detention diets shall be served twice during each 24-hour period and must meet statutorily prescribed minimum food and nutritional requirements as described in the Disciplinary Detention Diet Policy.

Before any inmate is placed on a disciplinary detention diet, the following shall occur:

(a) The Responsible Physician shall review the medical condition and history of the inmate and approve the alternative meal service.

(b) The Chief Jail Administrator shall review the incident report and medical reports and shall approve the use of a disciplinary detention diet.

(c) The custody staff and qualified health care professionals shall monitor these special circumstances and report their observations to the Chief Jail Administrator.

(d) Disciplinary detention diets shall not be served in any case for more than 72 hours without the written approval of the Chief Jail Administrator and review by the Responsible Physician.

601.6 INITIAL EVALUATION OF INMATES UPON PLACEMENT

After notification from staff that an inmate is being placed in segregation, the Shift Supervisor shall ensure that the following occurs:

(a) A qualified health care professional shall review the inmate's health record to determine whether existing medical, dental or mental health needs contraindicate the placement or require special accommodations.

(b) If contraindications (reasons to withhold medical treatment) or special accommodations are noted, the qualified health care professional shall inform the Shift Supervisor and coordinate the appropriate plan for the inmate based on the safety needs of the facility and the medical needs of the inmate.

601.7 MENTAL HEALTH CONSIDERATIONS

Due to the possibility of self-inflicted injury and depression during periods of segregation, health evaluations should include notations of any bruises and other trauma markings, and the qualified health care professional's comments regarding the inmate's attitude and outlook.

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(a) Unless medical attention is needed more frequently, each inmate in segregation should have interaction with a qualified health care professional every 14 days. A medical assessment should be documented in the inmate's medical file.

When an inmate is classified as a special management inmate due to the presence of a serious mental illness and is placed in a segregation setting, the mental health progress notes and management plan should reflect the changed environment. When an inmate is expected to remain in segregation for more than a 30 days (based upon disciplinary decisions, protective needs or other factors) the special management treatment plan should be updated to reflect this.

Where reasonably practicable, staff should provide screening for suicide risk following admission to the segregation unit.

601.8 SAFETY CHECKS

A staff member shall conduct a face-to-face safety check of all disciplinary segregation inmates throughout the day then at least hourly, on an irregular schedule, after evening lockdown. Inmates who are violent, have mental health problems or who demonstrate unusual behavior should be personally observed by the custody staff every hour on an irregular schedule.

Inmates who are at risk of suicide shall be under continuous observation until seen by a qualified health care professional. Subsequent supervision routines should be in accordance with orders provided by the qualified health care professional.

Disciplinary segregation inmates shall receive increased monitoring to include at a minimum:

(a) A daily review of the lockdown log by the oncoming shift .

(b) Visits by Jail Administrator upon request.

(c) Visits by a qualified health care professional every 14 days, unless medical attention is needed more frequently.

All qualified health care professional visits shall be documented on the appropriate records and logs and retained in accordance with established records retention schedules.

601.8.1 DOCUMENTATION OF SEGREGATION CHECKS

Segregation rounds shall be documented on door cards, logs and/or rounds forms, and include the following:

(a) Date and time of contact

(b) Signature or initials of the qualified health care professional making rounds

(c) Any needed referrals

(d) All significant findings and observations, medical assessment, treatment, recommendations, notifications and actions should be documented in the inmate's health record

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601.9 LOG PROCEDURES

All management, program staff and qualified health care professional visits shall be documented on the appropriate records and logs and retained in accordance with established records retention schedules.

Handwritten logs should be completed in ink. Once an entry is made it should not be modified. If corrections or changes are needed they should be done by way of a supplemental entry.

Electronically captured logs will be maintained in a way that prevents entries from being deleted or modified once they are entered. Corrections or changes must be done by way of supplemental entries. At a minimum the log will contain the following:

- Inmate name
- Inmate identification number
- Housing location
- Classification status
- Date admitted
- Date and time of entry and exit from the cell
- Type of infraction or reason for admission
- Tentative release date
- Any special medical or psychiatric problems or needs
- Counseling for behavior

Log entries should be legible, entered promptly and provide sufficient detail to adequately reflect the events of the day for future reference.

The date and time of the observation or incident and the name and identification number of the staff member making the log entry shall be included on each entry.

Supervisors should review the logs frequently during the shift and enter comments as appropriate. At minimum, supervisors should enter the date and time of each review.

All safety checks will be documented in detail and should include the exact time of the safety check and the identification information of the employee conducting the check. All documentation will be gathered and provided to the Shift Supervisor or Chief Jail Administrator at midnight each day.

601.9.1 LOG INSPECTION AND ARCHIVAL OF LOGS

The Shift Supervisor shall review and evaluate the logs and pass any significant incidents via the chain of command to the Chief Jail Administrator for review.

The logs will be retained by the Office in accordance with established records retention schedules but in no case less than one year.

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Inmate Access to Courts and Counsel

603.1 PURPOSE AND SCOPE

The purpose of this policy is to protect the constitutional rights of inmates to access the courts and legal counsel, while holding inmates accountable to the rules and regulations that govern conduct in this facility. The staff at every level is reminded that the fundamental constitutional right of access to courts does not end when a person is incarcerated.

603.2 POLICY

It is the policy of this office that all inmates will have access to the courts and the ability to consult with legal counsel.

603.3 INMATE ACCESS

Staff should not unreasonably interfere with inmates' attempts to seek counsel and where appropriate should assist inmates with making confidential contact with attorneys and authorized representatives.

Access to courts and legal counsel may occur through court-appointed counsel, attorney or legal assistant visits, telephone conversations or written communication. To facilitate access, this facility will minimally provide:

- Confidential attorney visiting areas that include the means by which the attorney and the inmate can share legal documents.
- Telephones that enable confidential attorney-client calls.
- Reasonable access to legal materials.
- A means of providing assistance through the court process by individuals trained in the law. This assistance will be available to illiterate inmates and those who cannot speak or read English or who have disabilities that would impair their ability to access.
- Writing materials, envelopes and postage for indigent inmates for legal communications and correspondence.

The Chief Jail Administrator shall be responsible for ensuring that information regarding access to courts and legal counsel and requesting legal materials or legal assistance is included in the inmate handbook that is provided during inmate orientation.

603.4 CONFIDENTIALITY

All communication between inmates and their attorneys is confidential, including telephone conversations, written communication and video conferencing. The content of written attorney-client communication will not be reviewed or censored but the documents may be inspected for contraband.

Outgoing and incoming legal correspondence shall be routed through the staff, who have received special training in inspecting confidential documents and who are accountable for maintaining

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confidentiality. Incoming legal correspondence shall be opened and inspected for contraband in the presence of the recipient inmate.

Inmates may seek the assistance of other inmates in writing writs and other legal correspondence to the courts when needed, subject to the security and safety needs of the inmates, staff and the facility.

603.5 INMATE REQUEST FOR ASSISTANCE

Written materials addressing how an inmate can access local attorneys and key legal documents shall be available in each housing unit. Staff shall provide these materials to any inmate upon request. However, staff shall not provide legal advice or assist any inmate in the completion of any legal document.

Habeas corpus forms shall be made available to any inmate by the staff upon request.

Legal forms filled out by the inmate shall be forwarded to court administration directly or via an appointed legal assistant.

603.6 VISITATION RELATED TO LEGAL DEFENSE

Visits with inmates that are related to legal defense, including attorneys, paralegals and investigators, will be permitted only in the areas designated for legal visitation. Contact visits may be approved by the Chief Jail Administrator or Designee for special circumstances.

(a) Visits shall be of a reasonable length of time to discourage any allegation that the defense of the inmate was hindered due to the length of time allowed for the legally authorized visit. These visits shall be of such a length of time that they do not interfere with the security, order and discipline of this facility. The permissible time for visitation should be flexible but shall not substantially interfere with other facility schedules, such as medical examinations, meal service or other required activities.

(b) Only materials brought to this facility by an approved legal assistant shall be allowed.

(c) All materials shall be subject to security inspections by the staff and shall be routed through the Shift Supervisor for logging and distribution.

(d) Paralegals and Investigators may meet with an inmate without the assigned defense attorney present when they provide an signed approval from Island Defense on official letterhead. The associated cause number, assigned Island Defense Attorney and Inmate Name will be referenced within the document.

603.7 MAIL

Legal mail shall be handled in accordance with the Inmate Mail Policy.

603.8 IN PRO SE INMATES

Inmates may be granted pro se status by court order only. Any time a court order is received designating an inmate as having been granted pro se status, all relevant records systems at the

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facility shall be updated to reflect this information. A copy of the court order shall be maintained in the inmate’s file in accordance with established records retention schedules.

The court may, but is not required to appoint to an inmate who is designated pro se a back-up attorney, paralegal or other person to assist the inmate with legal research. All information related to appointed assistants should be recorded in the relevant facility records.

Any provision of legal materials shall be in accordance with court directives and in consultation with the County Attorney.

603.8.1 PRO SE STATUS MISUSE

Any inmate who is granted pro se status and is found to be misusing or abusing that status to the extent that it poses a demonstrable threat to the safety and security of the facility shall be immediately reported to the Chief Jail Administrator. The Chief Jail Administrator may recommend the suspension or a limitation of the inmate’s pro se privileges if they adversely affect the safety and security of the correctional facility.

Upon the concurrence with the findings and recommendation of the Chief Jail Administrator, Sheriff or the authorized designee shall consult with the Office’s legal counsel prior to notifying the court of any intent to limit the described pro se privileges.

The inmate may petition the court if he/she is dissatisfied with the action taken.

603.8.2 PRO SE STATUS - MATERIALS AND SUPPLIES

The facility shall provide the materials enumerated in the Superior Court Pro se Protocols and the Prosecuting Attorney's Pro se list. All requests for legal reference books and case law will be requested through the law library. These items may be retained by the inmate or kept for their use in an interview room upon request.

Legal writing material shall be issued upon the pro se defendant's request or as directed by the court. With the exception of legal writing material all other pro se material will be routed through a supervisor to fill.

Unless otherwise ordered by the court, the Office shall have no obligation to supply materials beyond those listed above. Replacement of any of the listed items shall be accomplished through a written request to the Shift Supervisor or the authorized designee. Supplies provided by a court legal liaison will be received and distributed by the Shift Supervisor or the authorized designee. All supplies distributed to the inmate will be recorded in the inmate's pro se activities record. Supplies not listed in this policy are subject to approval by the Chief Jail Administrator or the authorized designee.

Access to ballpoint pens, for signature purposes only, will be provided through a supervisor. The use of the pen will be supervised by the staff and taken from the inmate immediately after its use.

Copies of an inmate's final legal (criminal case) work product, upon the inmate's request, may be provided subject to arrangements with the court.

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Inmates may purchase their own legal books and materials. However, such materials will be subject to safety inspection and rules pertaining to items permitted to be in the inmate's possession. Personal books must be marked with the inmate's name and booking number.

Any books or materials found in the inmate's possession beyond what is authorized will be returned or placed in the inmate's property.

603.8.3 PRO SE INMATES INTERVIEWING WITNESSES

A pro se inmate may be permitted to interview prospective witnesses in the regular visitation area. Requests for visits outside of normal visiting hours will be directed to a supervisor for approval and should be accommodated when practicable.

Interviews conducted by pro se inmates are subject to the following rules and restrictions:

(a) No interview will be permitted without notification from a judge confirming or validating the prospective witness. The pro se inmate is responsible for providing the judge with the list of prospective witnesses for validation.

(b) No visit shall be permitted by a prospective witness who is in the custody of this office or otherwise detained by a government agency, except upon a specific court order.

603.8.4 PRO SE INMATES TELEPHONE USAGE

Pro se inmates may use the telephones in their housing areas to place calls concerning their cases. Court-authorized pro se telephone calls shall not be monitored and shall be provided without charge to the inmate in accordance with the orders of the court (see the Inmate Telephone Access Policy).

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Foreign Nationals and Diplomats

604.1 PURPOSE AND SCOPE

This policy addresses the privileges and immunities afforded to members of foreign diplomatic missions and consular posts.

This policy also addresses the legal requirements related to immigration and consular notifications that should occur when a foreign national is in custody.

Inmate access to a consular officer is addressed in the Inmate Telephone Access and Inmate Visitation policies.

604.2 POLICY

The Island County Sheriff's Office Correctional Facility will treat foreign diplomatic and consular personnel with due regard for the privileges and immunities to which they are entitled under international law. The Office will investigate all claims of immunity and accept custody of the person when appropriate.

The Island County Sheriff's Office Correctional Facility will also honor the laws related to foreign nationals in custody by making proper consular notifications and by assisting those who wish to contact their consular representative.

The Island County Sheriff's Office Correctional Facility will notify United States immigration officials when any foreign national is committed to the custody of the correctional facility.

604.3 DIPLOMATIC AND CONSULAR IMMUNITY

604.3.1 AVAILABILITY OF RESOURCES

The Shift Supervisor will ensure that current contact information for the U.S. Department of State and the U.S. Mission to the United Nations is readily available for office members who need to verify a claim of diplomatic or consular immunity. Relevant material for law enforcement published by the U.S. Department of State Bureau of Diplomatic Security should be readily available as well.

604.3.2 ADDRESSING CLAIMS OF DIPLOMATIC OR CONSULAR IMMUNITY

When an arrestee who claims diplomatic or consular immunity is brought to the Island County Sheriff's Office Correctional Facility the receiving deputy shall first inform the Shift Supervisor and then generally proceed as follows:

(a) Do not accept custody of the person from the transporting officer. The person should not be brought inside the Island County Sheriff's Office Correctional Facility unless doing so would facilitate the investigation of their claim of immunity.

(b) Do not handcuff the person, or, if handcuffs have been applied, remove them unless there is an articulable threat that would justify their use.

(c) If the person has already been accepted into custody, inform the person that they will be detained until their identity and immunity can be confirmed. Attempt to obtain a U.S.

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Department of State-issued identification card or other identification or documents that may relate to the claimed immunity.

(d) In all cases, verify the status and level of immunity by contacting the U.S. Department of State or the U.S. Mission to the United Nations, as appropriate.

It will be the responsibility of the Shift Supervisor to communicate the claim of immunity to the on-duty supervisor of the arresting agency (if not the Island County Sheriff's Office).

The Shift Supervisor may assist another agency in determining the person's immunity status. The Shift Supervisor is responsible for ensuring appropriate action is taken based upon information received regarding the person's immunity status.

604.3.3 REPORTING

If the person’s immunity status has been verified, the Shift Supervisor should ensure a report is prepared describing the details and circumstances of any detention or custody. A copy of the report should be faxed or mailed as soon as possible to the U.S. Department of State in Washington, D.C. or to the U.S. Mission to the United Nations in New York in cases involving a member of the United Nations community.

604.4 CONSULAR NOTIFICATIONS

604.4.1 CONSULAR NOTIFICATION LIST AND CONTACTS

The Chief Jail Administrator will ensure that the U.S. Department of State’s list of countries and jurisdictions that require mandatory notification is readily available to office members. There should also be a published list of foreign embassy and consulate telephone and fax numbers, as well as standardized notification forms that can be faxed and then retained for the record. Prominently displayed placards informing inmates of rights related to consular notification should also be posted.

604.4.2 CONSULAR NOTIFICATION ON BOOKING

Members shall not inquire about any individual's immigration or citizenship status or place of birth unless the information is directly connected to an investigation into a violation of state or local law (RCW 10.93.160). For further guidance on immigration-related issues, see the Immigration Considerations Policy.

Office members assigned to book inmates shall:

(a) Inform the foreign national, without delay, that he/she may have his/her consular officers notified of the arrest or detention and may communicate with them. Members shall ensure this notification is acknowledged and documented.

(b) Determine whether the foreign national's country is on the U.S. Department of State's mandatory notification list.

(c) If the foreign national's country is not on the list for mandatory notification but the foreign national requests that his/her consular officers be notified, then:

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1. Notify the nearest embassy or consulate of the foreign national's country of the person's arrest or detention by faxing the appropriate notification form. If no fax confirmation is received, a telephonic notification should be made and documented.
2. Forward any communication from the foreign national to his/her consular officers without delay.

(d) If the foreign national's country is on the list for mandatory notification, then:

1. Notify the nearest embassy or consulate of the foreign national's country, without delay, of the person's arrest or detention by faxing the appropriate notification form. If no fax confirmation is received, a telephonic notification should be made and documented.
2. Tell the foreign national that this notification has been made and inform him/her without delay that he/she may communicate with his/her consular officers.
3. Forward any communication from the foreign national to his/her consular officers without delay.
4. Document all notifications to the embassy or consulate and retain the faxed notification and any fax confirmation for the inmate's file.

Members should never discuss anything with consulate personnel beyond the required notifications, such as whether the inmate is requesting asylum. Requests for asylum should be forwarded to the Shift Supervisor.

604.4.3 NOTICE TO INMATES

To ensure compliance with all treaty obligations including consular notification, and state and federal law, written notice shall be given to an inmate explaining that the inmate has the right to refuse to disclose their nationality, immigration, or citizenship status and that disclosure may result in civil or criminal immigration enforcement, including removal from the United States (RCW 10.93.160).

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Inmate Rights - Protection from Abuse

605.1 PURPOSE AND SCOPE

The purpose of this policy is to establish guidelines to ensure that inmates are afforded a safe, healthful environment free from abuse, corporal punishment or harassment, and that inmate property is protected.

605.2 POLICY

It is the policy of this office to make every reasonable effort to protect inmates from personal abuse, corporal punishment, personal injury, disease, property damage and harassment by other inmates or staff. Staff shall take reasonable actions to safeguard vulnerable inmates from others and shall use the classification policies and procedures to make housing decisions that will provide for inmate safety. Abuse of inmates by staff or other inmates will not be tolerated.

The Chief Jail Administrator or the authorized designee shall be responsible for including prohibitions against inmate abuse and harassment, rules regarding respect for the property of others, and the prevention of disease in the inmate handbook. All inmates shall receive a copy of the inmate handbook during the booking process, which shall be printed in a language understood by the inmate. The inmate also shall receive verbal instruction on inmate rights during orientation.

605.3 RESPONSIBILITY

It shall be the responsibility of all facility staff to adhere to policies, procedures and practices, and to make every reasonable effort to prevent inmate injury, harassment and abuse, to prevent theft or damage to inmate property and to eliminate conditions that promote disease. These procedures include, but are not limited to:

- Following the classification guidelines for inmate housing.
- Closely supervising inmate activities and interceding as needed to prevent violence, harassment or abuse of inmates.
- Using force only when necessary and to the degree that is reasonable.
- Reporting all inmate injuries, investigating the cause of reported injuries and documenting these efforts in an incident report.
- Enforcing all rules and regulations in a fair and consistent manner.
- Preventing any practice of inmates conducting kangaroo courts or dispensing discipline toward any other inmate.
- Conducting required safety checks of all inmate housing areas.
- Checking all safety equipment for serviceability and making a report of any defective equipment to the appropriate supervisor or Chief Jail Administrator.
- Referring sick or injured inmates to a qualified health care professional without unnecessary delay.

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- Maintaining high standards of cleanliness throughout the correctional facility.
- Documenting all abuse protection efforts in facility logs and incident reports as applicable.

605.4 TRAINING

The Training Manager shall be responsible for developing and delivering a training curriculum on the topic of protecting inmates from abuse to all staff. A roster of attendees shall be maintained from each class. Training completion documents shall be filed in each employee's training file.

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Prison Rape Elimination Act

606.1 PURPOSE AND SCOPE

This policy provides guidance for compliance with the Prison Rape Elimination Act of 2003 (PREA) and the implementing regulation that establishes standards (PREA Rule) to prevent, detect and respond to sexual abuse and sexual harassment (28 CFR 115.11).

606.1.1 DEFINITIONS

Definitions related to this policy include:

Intersex - A person whose sexual or reproductive anatomy or chromosomal pattern does not seem to fit typical definitions of male or female. Intersex medical conditions are sometimes referred to as disorders of sex development.

Sexual abuse - Any of the following acts, if the inmate does not consent, is coerced into such act by overt or implied threats of violence or is unable to consent or refuse:

(a) Contact between the penis and the vulva or the penis and the anus, including penetration, however slight

(b) Contact between the mouth and the penis, vulva or anus

(c) Penetration of the anal or genital opening of another person, however slight, by a hand, finger, object or other instrument

(d) Any other intentional touching, either directly or through the clothing, of the genitalia, anus, groin, breast, inner thigh or the buttocks of another person, excluding contact incidental to a physical altercation (28 CFR 115.6)

Sexual abuse also includes abuse by a staff member, contractor or volunteer as follows, with or without consent of the inmate, detainee or resident:

- Contact between the penis and the vulva or the penis and the anus, including penetration, however slight
- Contact between the mouth and the penis, vulva or anus
- Contact between the mouth and any body part where the staff member, contractor or volunteer has the intent to abuse, arouse or gratify sexual desire
- Penetration of the anal or genital opening, however slight, by a hand, finger, object or other instrument, that is unrelated to official duties, or where the staff member, contractor or volunteer has the intent to abuse, arouse or gratify sexual desire
- Any other intentional contact, either directly or through the clothing, of or with the genitalia, anus, groin, breast, inner thigh or the buttocks, that is unrelated to official duties, or where the staff member, contractor or volunteer has the intent to abuse, arouse or gratify sexual desire

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- Any attempt, threat or request by a staff member, contractor or volunteer to engage in the activities described above
- Any display by a staff member, contractor or volunteer of his/her uncovered genitalia, buttocks or breast in the presence of an inmate, detainee or resident
- Voyeurism by a staff member, contractor or volunteer (28 CFR 115.6)

Sexual harassment - Repeated and unwelcome sexual advances; requests for sexual favors; verbal comments, gestures or actions of a derogatory or offensive sexual nature by one inmate, detainee or resident that are directed toward another; repeated verbal comments or gestures of a sexual nature to an inmate, detainee or resident by a staff member, contractor or volunteer, including demeaning references to gender, sexually suggestive or derogatory comments about body or clothing, or obscene language or gestures (28 CFR 115.6).

Transgender - A person whose gender identity (i.e., internal sense of feeling male or female) is different from the person’s assigned sex at birth.

606.2 POLICY

This office has zero tolerance with regard to sexual abuse and sexual harassment in this facility. This office will take appropriate affirmative measures to protect all inmates from sexual abuse and harassment, and promptly and thoroughly investigate all allegations of sexual abuse and sexual harassment.

606.3 PREA COORDINATOR

The Chief Jail Administrator shall appoint an upper-level manager with sufficient time and authority to develop, implement, and oversee office efforts to comply with PREA standards. The PREA coordinator shall review facility policies and practices and make appropriate compliance recommendations to the Chief Jail Administrator (28 CFR 115.11).

The PREA coordinator’s responsibilities shall include:

(a) Developing a written plan to coordinate response among staff first responders, medical and mental health practitioners, investigators, and facility management to an incident of sexual abuse. The plan must also outline the office's approach to identifying imminent sexual abuse toward inmates and preventing and detecting such incidents (28 CFR 115.11; 28 CFR 115.65; 28 CFR 115.62).

(b) Ensuring that within 30 days of intake, inmates are provided with comprehensive education, either in person or through video, regarding their rights to be free from sexual abuse and sexual harassment and to be free from retaliation for reporting such incidents, and regarding the office's policies and procedures for responding to such incidents (28 CFR 115.33).

(c) Developing a staffing plan to provide adequate levels of staffing and video monitoring, where applicable, in order to protect detainees from sexual abuse. This includes documenting deviations and the reasons for deviations from the staffing plan, as well as reviewing the staffing plan a minimum of once per year. In calculating adequate

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staffing levels and determining the need for video monitoring, facilities shall take into consideration (28 CFR 115.13):

1. Generally accepted detention and correctional practices.
2. Any judicial findings of inadequacy.
3. Any findings of inadequacy from federal investigative agencies.
4. Any findings of inadequacy from internal or external oversight bodies.
5. All components of the facility's physical plant, including blind spots or areas where staff or inmates may be isolated.
6. The composition of the inmate population.
7. The number and placement of supervisory staff.
8. Institution programs occurring on a particular shift.
9. Any applicable state or local laws, regulations, or standards.
10. The prevalence of substantiated and unsubstantiated incidents of sexual abuse.
11. Any other relevant factors.

(d) Ensuring that, when designing, acquiring, expanding or modifying facilities, or when installing or updating a video-monitoring system, electronic surveillance system, or other monitoring technology, consideration is given to the office’s ability to protect inmates from sexual abuse (28 CFR 115.18).

(e) Ensuring that any contract for the confinement of Island County Sheriff's Office detainees or inmates includes the requirement to adopt and comply with the PREA standards including obtaining incident-based and aggregated data, as required in 28 CFR 115.187. Any new contract or contract renewal shall provide for office contract monitoring to ensure that the contractor is complying with the PREA standards (28 CFR 115.12).

(f) Making reasonable efforts to enter into agreements with community service providers to provide inmates with confidential, emotional support services related to sexual abuse. The facility shall provide inmates with access to outside victim advocates for emotional support services related to sexual abuse by giving inmates mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, state, or national victim advocacy or rape crisis organizations. The facility shall enable reasonable communication between inmates and these organizations and agencies in as confidential a manner as possible. The facility shall inform inmates, prior to giving them access, of the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws (28 CFR 115.53).

(g) Ensuring the protocol describing the responsibilities of the Office and of another investigating agency, if another law enforcement agency will be responsible for conducting any sexual abuse or sexual harassment investigations, is published on the facility website or by other means, if no website exists (28 CFR 115.22).

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(h) Implementing a process by which inmates may report sexual abuse and sexual harassment to a public/private entity or an office that is not part of the Office and that the outside entity or office is able to receive and immediately forward inmate reports of sexual abuse and sexual harassment to the Chief Jail Administrator, allowing the inmate anonymity (28 CFR 115.51).

(i) Establishing a process to ensure accurate, uniform data is collected for every allegation of sexual abuse at facilities under the direct control of this office, using a standardized instrument and set of definitions. Upon request, the Office shall provide all such data from the previous calendar year to the U.S. Department of Justice (DOJ) no later than June 30 (28 CFR 115.87).

  (a) The data collected shall include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the U.S. DOJ.

  (b) The data shall be aggregated at least annually.

(j) Establishing a process to monitor the conduct and treatment of detainees or staff who have reported sexual abuse and the conduct and treatment of detainees who were reported to have suffered sexual abuse.

(k) Ensuring that the following are published on the office website or by other means, if no website exists:

  1. Office policy governing investigations of allegations of sexual abuse and sexual harassment or the referral of such investigations of sexual abuse or sexual harassment (unless the allegation does not involve potentially criminal behavior) (28 CFR 115.22)

  2. Information on how to report sexual abuse and sexual harassment on behalf of an inmate (28 CFR 115.54)

(l) Ensuring audits are conducted pursuant to 28 CFR 115.401 through 28 CFR 115.405 (28 CFR 115.93).

(m) Implementing a protocol requiring mid-level or higher-level supervisors to conduct and document unannounced inspections to identify and deter sexual abuse and sexual harassment. The protocol shall prohibit announcing when such inspections are to occur, unless it is necessary for operational considerations (28 CFR 115.13).

(n) Ensuring agreements with outside investigating agencies include PREA requirements, including a requirement to keep the Island County Sheriff's Office informed of the progress of the investigation (28 CFR 115.71).

(o) Ensuring the Office conducts follow-up criminal background records checks at least once every five years on members or contractors who may have contact with inmates or has in place a system for otherwise capturing such information (28 CFR 115.17).

606.4 REPORTING SEXUAL ABUSE, HARASSMENT AND RETALIATION

Any employee, agency representative, volunteer or contractor who becomes aware of an incident of sexual abuse, sexual harassment or retaliation against inmates or staff shall immediately notify a supervisor, who will forward the matter to a sexual abuse investigator (28 CFR 115.61). Staff

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may also privately report sexual abuse and sexual harassment of inmates (e.g., report to the Chief Jail Administrator) (28 CFR 115.51).

The facility shall provide information to all visitors or third parties on how they may report any incident, or suspected incident, of sexual abuse or sexual harassment to a staff member (28 CFR 115.54).

Inmates may report sexual abuse or sexual harassment incidents anonymously or to any staff member they choose. Staff shall accommodate all inmate requests to report allegations of sexual abuse or harassment. Staff shall accept reports made verbally, in writing, anonymously or from third parties and shall promptly document all verbal reports (28 CFR 115.51).

Threats or allegations of sexual abuse and sexual harassment, regardless of the source, shall be documented and referred for investigation. Sexual abuse and sexual harassment reports shall only be made available to those who have a legitimate need to know, and in accordance with this policy and applicable law (28 CFR 115.61).

606.4.1 REPORTING TO OTHER FACILITIES

If there is an allegation that an inmate was sexually abused while he/she was confined at another facility, the Chief Jail Administrator shall notify the head of that facility as soon as possible but not later than 72 hours after receiving the allegation. The Chief Jail Administrator shall ensure that the notification has been documented (28 CFR 115.63).

606.5 RETALIATION

All inmates and staff who report sexual abuse or sexual harassment, or who cooperate with sexual abuse or sexual harassment investigations, shall be protected from retaliation.

Protective measures, including housing changes, transfers, removal of alleged abusers from contact with victims, administrative reassignment or reassignment of the victim or alleged perpetrator to another housing area, and support services for inmates or staff who fear retaliation shall be utilized (28 CFR 115.67).

The Chief Jail Administrator or the authorized designee shall assign a supervisor to monitor, for at least 90 days, the conduct and treatment of inmates or staff who report sexual abuse or sexual harassment, as well as inmates who were reported to have suffered sexual abuse, to determine if there is any possible retaliation. The supervisor shall act promptly to remedy any such retaliation. The assigned supervisor should consider inmate disciplinary reports, housing or program changes, negative staff performance reviews or reassignment of staff members. Monitoring may continue beyond 90 days if needed. Inmate monitoring shall also include periodic status checks. The Chief Jail Administrator should take reasonable steps to limit the number of people with access to the names of individuals being monitored and should make reasonable efforts to ensure that staff members who pose a threat of retaliation are not entrusted with monitoring responsibilities.

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If any other individual who cooperates with an investigation expresses a fear of retaliation, the facility shall take reasonable measures to protect that individual against retaliation (28 CFR 115.67).

606.6 FIRST RESPONDERS

If an allegation of inmate sexual abuse is made, the first deputy to respond shall (28 CFR 115.64):

(a) Separate the parties.

(b) Request medical assistance as appropriate. If no qualified health care or mental health professionals are on-duty when a report of recent abuse is made, staff first responders shall take preliminary steps to protect the victim and shall immediately notify the appropriate qualified health care and mental health professionals (28 CFR 115.82).

(c) Establish a crime scene to preserve and protect any evidence. Identify and secure witnesses until steps can be taken to collect any evidence.

(d) If the time period allows for collection of physical evidence, request that the alleged victim, and ensure that the alleged abuser, do not take any actions that could destroy physical evidence (e.g., washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, eating).

(e) Consider whether a change in classification or housing assignment for the victim is needed or whether witnesses to the incident need protection, both of which may include reassignment of housing.

(f) Determine whether the alleged perpetrator should be administratively segregated or administratively transferred during the investigation.

If the first responder is not a deputy, the responder shall request the alleged victim to refrain from any actions that could destroy physical evidence and then immediately notify a deputy.

Should an investigation involve inmates who have disabilities or who have limited English proficiency, the first responder shall not rely on inmate interpreters, inmate readers or other types of inmate assistants, except in limited circumstances where an extended delay in obtaining an interpreter could compromise inmate safety, the performance of first responder duties or the investigation of sexual abuse or sexual harassment allegations (28 CFR 115.16).

606.7 SEXUAL ABUSE AND SEXUAL HARASSMENT INVESTIGATIONS

An administrative investigation, criminal investigation or both shall be completed for all allegations of sexual abuse and sexual harassment (28 CFR 115.22). Administrative investigations shall include an effort to determine whether the staff’s actions or inaction contributed to the abuse. All administrative and/or criminal investigations shall be documented in written reports that include a description of the physical and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings. Only investigators who have completed office-approved training on sexual abuse and sexual harassment investigation shall be assigned to investigate these cases (28 CFR 115.71).

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When practicable, an investigator of the same sex as the victim should be assigned to the case. Sexual abuse and sexual harassment investigations should be conducted promptly and continuously until completed. Investigators should evaluate reports or threats of sexual abuse and sexual harassment without regard to an inmate's sexual orientation, sex or gender identity. Investigators should not assume that any sexual activity among inmates is consensual.

The departure of the alleged abuser or victim from the employment or control of the correctional facility or Office shall not provide a basis for terminating an investigation (28 CFR 115.71).

If the investigation is referred to another agency for investigation, the Office shall request that the investigating agency follow the requirements as provided in 28 CFR 115.21 (a) through (e). The referral shall be documented. The Office shall cooperate with the outside agency investigation and shall request to be informed about the progress of the investigation (28 CFR 115.71). If criminal acts are identified as a result of the investigation, the case shall be presented to the appropriate prosecutor's office for filing of new charges (28 CFR 115.71).

Evidence collection shall be based on a uniform evidence protocol that is developmentally appropriate for youth, if applicable, and adapted from or otherwise based on the most recent edition of the DOJ's Office on Violence Against Women publication, ''A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents,'' or similarly comprehensive and authoritative protocols developed after 2011 (28 CFR 115.21).

Inmates alleging sexual abuse shall not be required to submit to a polygraph examination or other truth-telling device as a condition for proceeding with an investigation (28 CFR 115.71).

If a victim is under 18 or considered a vulnerable adult under state law, the assigned investigator shall report the allegation to the designated social services agency as required (28 CFR 115.61).

606.7.1 INVESTIGATIVE FINDINGS

All completed written investigations shall be forwarded to the Chief Jail Administrator or if the allegations may reasonably involve the Chief Jail Administrator, to the Citizens. The Chief Jail Administrator or Sheriff shall review the investigation and determine whether any allegations of sexual abuse or sexual harassment have been substantiated by a preponderance of the evidence (28 CFR 115.71; 28 CFR 115.72).

The staff shall be subject to disciplinary sanctions, up to and including termination, for violating this policy. Termination shall be the presumptive disciplinary sanction for staff members who have engaged in sexual abuse. All discipline shall be commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories.

All terminations for violations of sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, shall be reported to the law enforcement agency that would handle any related investigation and to any relevant licensing bodies (28 CFR 115.76).

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606.7.2 REPORTING TO INMATES

The Chief Jail Administrator or the authorized designee shall inform a victim inmate in writing whether an allegation has been substantiated, unsubstantiated or unfounded. If the Office did not conduct the investigation, the Office shall request relevant information from the investigative agency in order to inform the inmate.

If a staff member is the accused (unless the Office has determined that the allegation is unfounded), the inmate shall also be informed whenever:

(a) The staff member is no longer assigned to the inmate's unit or employed at the facility.

(b) The Office learns that the staff member has been indicted or convicted on a charge related to sexual abuse within the facility.

If another inmate is the accused, the alleged victim shall be notified whenever the Office learns that the alleged abuser has been indicted or convicted on a charge related to sexual abuse within the facility.

All notifications or attempted notifications shall be documented. When notification is made while the inmate is in custody, the inmate will sign a copy of the notification letter. The letter will be added to the case file (28 CFR 115.73).

606.8 SEXUAL ABUSE AND SEXUAL HARASSMENT BETWEEN STAFF AND INMATES

Sexual abuse and sexual harassment between staff, volunteers or contract personnel and inmates is strictly prohibited. The fact that an inmate may have initiated a relationship or sexual contact is not a defense to violating this policy.

Any incident involving allegations of staff-on-inmate sexual abuse or sexual harassment shall be referred to the Internal Investigations for investigation.

606.8.1 SEXUAL ABUSE BY CONTRACTOR OR VOLUNTEER

Any contractor or volunteer who engages in sexual abuse within the facility shall be immediately prohibited from having any contact with inmates. He/she shall be promptly reported to the law enforcement agency that would investigate such allegations and brought to the attention of any relevant licensing bodies (28 CFR 115.77).

606.9 PROTECTIVE CUSTODY

Inmates at high risk for sexual victimization shall not be placed in involuntary protective custody unless an assessment of available alternatives has been made and it has been determined that there is no reasonably available alternative means of separation. Inmates may be held in involuntary protective custody for less than 24 hours while an assessment is completed.

If an involuntary protective custody assignment is made because of a high risk for victimization, the Chief Jail Administrator shall clearly document the basis for the concern for the inmate's safety and the reasons why no alternative means of separation can be arranged (28 CFR 115.43).

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The facility shall assign these inmates to involuntary protective custody only until an alternative means of separation from likely abusers can be arranged, not ordinarily in excess of 30 days.

Inmates placed in temporary protective custody shall continue to have reasonable access to programs, privileges, education and work opportunities. If restrictions are put in place, the Chief Jail Administrator shall document the following:

(a) The opportunities that have been limited

(b) The duration of the limitation

(c) The reasons for such limitations

Every 30 days, the Chief Jail Administrator shall afford each such inmate a review to determine whether there is a continuing need for protective custody (28 CFR 115.43).

606.10 SEXUAL ABUSE INCIDENT REVIEW

An incident review shall be conducted at the conclusion of every sexual abuse investigation, unless the allegation has been determined to be unfounded (28 CFR 115.86). The review should occur within 30 days of the conclusion of the investigation.

The review team shall include upper-level management officials and seek input from line supervisors, investigators and qualified health care and or mental health professionals, as appropriate:

(a) Consider whether the investigation indicates a need to change policy or practice in order to better prevent, detect or respond to sexual abuse.

(b) Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender or intersex identification status or perceived status; by gang affiliation; or other group dynamics at the facility.

(c) Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers may enable abuse.

(d) Assess the adequacy of staffing levels in the area during different shifts.

(e) Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff.

(f) Prepare a written report of the team’s findings, including, but not limited to, determinations made pursuant to paragraphs (a)-(e) of this section, and any recommendations for improvement. The report should be submitted to the Sheriff and the PREA coordinator.

The Chief Jail Administrator or the authorized designee shall implement the recommendations for improvement or document the reasons for not doing so.

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606.11 DATA REVIEWS

This office shall conduct an annual review of collected and aggregated incident-based sexual abuse data. The purpose of these reviews is to assess and improve the effectiveness of sexual abuse prevention, detection and response policies, practices and training by:

(a) Identifying problem areas.

(b) Identifying corrective actions taken.

(c) Recommending corrective actions.

(d) Comparing current annual data and corrective actions with those from prior years.

(e) Assessing the office’s progress in addressing sexual abuse.

The reports shall be approved by the Chief Jail Administrator and made available through the office website. Material may be redacted from the reports when publication would present a clear and specific threat to the safety and security of the facility. However, the nature of the redacted material shall be indicated (28 CFR 115.88).

All aggregated sexual abuse data from Island County Sheriff's Office facilities and private facilities with which it contracts shall be made available to the public at least annually through the office website. Before making aggregated sexual abuse data publicly available, all personal identifiers shall be removed (28 CFR 115.89).

606.12 RECORDS

All case records and reports associated with a claim of sexual abuse and sexual harassment, including incident reports, investigative reports, offender information, case disposition, medical and counseling evaluation findings, and recommendations for post-release treatment or counseling, shall be retained in accordance with confidentiality laws.

The Office shall retain all written reports from administrative and criminal investigations pursuant to this policy for as long as the alleged abuser is held or employed by the Office, plus five years (28 CFR 115.71).

All other data collected pursuant to this policy shall be securely maintained for at least 10 years after the date of the initial collection, unless federal, state or local law requires otherwise (28 CFR 115.89).

606.13 PRESERVATION OF ABILITY TO PROTECT INMATES

The Office shall not enter into or renew any collective bargaining agreement or other agreement that limits the office's ability to remove alleged staff sexual abusers from contact with any inmates pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted (28 CFR 115.66).

606.14 SEXUAL ABUSE VICTIMS

Inmates who are victims of sexual abuse shall be transported to the nearest appropriate location for treatment of injuries and collection of evidence, and for crisis intervention services (28 CFR

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115.82). Depending on the severity of the injuries, transportation may occur by a staff member or by ambulance, in either case with appropriate security to protect the staff, the inmate, and the public, and to prevent escape.

A victim advocate from a rape crisis center should be made available to the victim. If a rape crisis center is not available, the Office shall make available a qualified member of a community-based organization, or a qualified health care or mental health professional from the Office, to provide victim advocate services. Efforts to secure services from a rape crisis center shall be documented. A rape crisis center refers to an entity that provides intervention and related assistance, such as the services specified in 34 USC § 12511, to sexual assault victims of all ages. A rape crisis center that is part of a government unit may be used if it is not part of the criminal justice system (such as a law enforcement agency) and it offers a level of confidentiality comparable to the level at a nongovernmental entity that provides similar victim services (28 CFR 115.21).

606.15 EXAMINATION, TESTING AND TREATMENT

Examination, testing and treatment shall include the following:

(a) Forensic medical examinations shall be performed as evidentiarily or medically appropriate, without financial cost to the victim. Where possible, these examinations shall be performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANE)s. If neither SAFEs nor SANEs are available, other qualified medical practitioners can perform the examination. The Office shall document its efforts to provide SAFEs or SANEs (28 CFR 115.21).

(b) If requested by the victim, a victim advocate, a qualified office staff member or a qualified community organization staff member shall accompany the victim through the forensic medical examination process and investigatory interviews. That person will provide emotional support, crisis intervention, information and referrals (28 CFR 115.21).

(c) Provisions shall be made for testing the victim for sexually transmitted diseases (28 CFR 115.82).

(d) Counseling for the treatment of sexually transmitted diseases, if appropriate, shall be provided.

(e) Victims shall be offered information about, and given access to, emergency contraception, prophylaxis for sexually transmitted infections and follow-up treatment for sexually transmitted diseases (28 CFR 115.82; 28 CFR 115.83). This shall be done in a timely manner.

(f) Victims of sexually abusive vaginal penetration while incarcerated shall be offered pregnancy tests. If pregnancy results from the abuse, such victims shall receive comprehensive information about, and access to, all lawful pregnancy-related medical services (28 CFR 115.83). This shall be done in a timely manner.

(g) Victims shall be provided with follow-up services, treatment plans and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities or their release from custody (28 CFR 115.83).

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(h) Treatment services shall be provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident (28 CFR 115.82; 28 CFR 115.83).

(i) The health authority or mental health staff shall obtain informed consent from inmates before reporting information to correctional facility staff about prior sexual victimization that occurred somewhere other than an institutional setting, unless the inmate is under the age of 18 (28 CFR 115.81).

(j) Medical and mental health practitioners shall ensure that information related to sexual victimization that occurred in an institutional setting is limited to medical and mental health practitioners and other staff unless it is necessary to inform correctional facility staff about security or management decisions (28 CFR 115.81).

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Grooming

608.1 PURPOSE AND SCOPE

The purpose of this policy is to allow inmates to have freedom in personal grooming, except when a legitimate government interest justifies the development of grooming standards that are based upon orders of the court, inmate classification, work status, safety and security, or health and hygiene.

608.2 POLICY

It is the policy of this facility to allow inmates freedom in personal grooming, except when a valid government interest justifies that grooming standards be established. The Chief Jail Administrator or the authorized designee shall establish inmate grooming standards specific to inmate classification, work status, facility safety and security, or inmate health and hygiene. Any established standards should not unreasonably interfere with religious observances. Grooming standards should be identified in the inmate handbook.

608.3 HAIRCUTS

Inmates will be provided haircuts and hair-cutting tools subject to established facility rules. If hair length, style or condition presents a security or sanitation concern, haircuts may be mandatory. Inmates who significantly alter their appearance may be required to submit to additional booking photos.

Inmates shall not cut names, numbers or other designs into their hair. Inmates shall not manipulate their hair into any style, including, but not limited to, braids, ponytails, cornrows or twists, that could facilitate the concealment and movement of contraband and weapons.

608.3.1 HAIR CARE SERVICES

The Chief Jail Administrator or the authorized designee shall establish written procedures for inmate hair care services. The procedures will include schedules for hair care services and allow rescheduling for conflicts, such as court appearances.

Inmates shall generally be permitted to receive hair care services once per month after being in custody for at least 30 days. Staff may suspend access to hair care services if an inmate appears to be a danger to him/herself or others or to the safety and security of the facility.

608.4 SHAVING

Inmates may shave weekly. Facial hair shall be clean and well groomed. Long beards may allow inmates to conceal weapons or contraband. Inmates may be required to trim facial hair if it poses a security or safety risk. Inmates may be required to submit to new booking photographs if their appearance is significantly altered due to facial hair. Inmates with facial hair who work around food shall wear appropriate facial coverings.

An inmate may be denied access to razors if he/she appears to be a danger to him/herself or others, or if such access may jeopardize the safety and security of the facility.

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Inmates may be restricted from significantly altering their appearance for reasons of identification in court.

608.5 NAILS

Nail clippers will be kept at the control station and will be issued to inmates upon request. Inmate workers are required to keep their nails clean and trimmed. Inmates with long nails may be required to trim their nails if there is a security concern and the inmate is admitted to general population.

608.6 GROOMING EQUIPMENT

Grooming equipment is to be inventoried and inspected by the staff at the beginning of each shift and prior to being issued to inmates. The staff shall ensure that all equipment is returned by the end of the shift and is not damaged or missing parts.

Grooming equipment will be disinfected before and after each use by the methods approved by the Washington State Cosmetology, Barbering, Esthetics, and Manicuring Advisory Board, in accordance with WAC 308-20-110. Cleaning methods include:

- Removing foreign matter.
- Cleaning tools with soap or detergent and water.
- Immersing non-electrical equipment in disinfectant.
- Spraying electrical equipment with disinfectant.
- Storing cleaned equipment in clear, covered containers that are labeled as such.

Disinfectant solution shall be changed at least once per week or whenever the solution is cloudy or dirty. Solution will be stored in covered containers with labeled instructions for its use and the Environmental Protection Agency registration number.

608.7 SHOWERING

Inmates shall be permitted to shower upon assignment to a housing unit, at least every other day thereafter and more often if practicable.

608.8 PERSONAL CARE ITEMS

Inmates are expected to maintain their hygiene using approved personal care items. Personal care items, including disposable razors, toothbrushes, combs and soap, are available through the inmate commissary and will be charged to the inmate's account.

Indigent inmates shall receive hygiene items necessary to maintain an appropriate level of personal hygiene.

No inmate will be denied the necessary personal care items. For sanitation and security reasons, personal care items shall not be shared.

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Inmate Nondiscrimination

609.1 PURPOSE AND SCOPE

The constitutional rights of inmates regarding discrimination are protected during incarceration. These protections extend to administrative decisions (e.g., classification, access to programs, availability of services). This policy is intended to guide the staff toward nondiscriminatory administrative decisions and to detail an inmate complaint and discrimination investigation process.

609.2 POLICY

All decisions concerning inmates housed at this facility shall be based on reasonable criteria that support the health, safety, security, and good order of the facility.

609.3 INMATES REPORTING DISCRIMINATION

Inmates who wish to report an allegation of discrimination may communicate with facility management in any way, including:

(a) Confidential correspondence addressed to the Chief Jail Administrator or the Sheriff or other government official, including the courts or legal representatives.

(b) Verbally to any supervisor or other staff member of this facility.

609.3.1 HANDLING COMPLAINTS OF DISCRIMINATION

Staff shall promptly forward all written allegations of discrimination by inmates to the Shift Supervisor. If the allegation is presented verbally, the receiving staff member shall prepare an incident report identifying the circumstances prompting the allegation, the individuals involved, and any other pertinent information that would be useful to investigating the allegation.

Unless the complaint submitted by the inmate is clearly identified as confidential and addressed to the Chief Jail Administrator, Sheriff, or other official, the Shift Supervisor shall review the complaint and attempt to resolve the issue. In any case, the Shift Supervisor shall document the circumstances of the allegation and what actions, if any, were taken to investigate or resolve the complaint. All reports of alleged discrimination shall be forwarded to the Chief Jail Administrator for review and further investigation or administrative action as needed.

Administrative evaluations and response to allegations of discrimination shall be based upon objective criteria:

(a) The inmate’s classification

(b) The inmate’s criminal history

(c) Current and past behavior and disciplinary history

(d) Housing availability

(e) The availability of programs

(f) The ability to safely provide the requested services

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609.4 DISCRIMINATION COMPLAINT AUDITS

The Chief Jail Administrator should perform an annual audit of all inmate discrimination complaints to evaluate whether any policy or procedure changes or training are indicated. The Chief Jail Administrator should record these findings in a confidential memorandum to the Sheriff. Specific details of complaints and identifying information, such as names of the involved persons, dates, or times, are not part of this process and should not be included in the memorandum. If the audit identifies any recommended changes or content that may warrant a critical revision to this Custody Manual, the Chief Jail Administrator should promptly notify the Sheriff.

Any training issues identified as a result of this audit should be forwarded to the Training Manager, who shall be responsible for ensuring all necessary and required training is scheduled and completed.

609.5 DISCRIMINATION PROHIBITED

Discriminating against an inmate based upon actual or perceived race, ethnicity, national origin, religion, sex, sexual orientation, gender identity or expression, age, disability, pregnancy, genetic information, veteran status, marital status, and any other classification or status protected by law is prohibited.

Reasonable and comparable opportunities for participation in services and programs including vocational, educational, and religious programs shall be made available to inmates in a nondiscriminatory manner.

The Chief Jail Administrator should periodically conduct interviews with inmates and staff members to identify and resolve potential problem areas related to discrimination before they occur.

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Inmate Grievances

610.1 PURPOSE AND SCOPE

The purpose of this policy is to establish a process by which inmates may file grievances and receive a formal review regarding the conditions of their confinement.

610.2 POLICY

It is the policy of this office that any inmate may file a grievance relating to conditions of confinement, which includes release date, housing, medical care, food services, hygiene and sanitation needs, recreation opportunities, classification actions, disciplinary actions, program participation, telephone and mail use procedures, visiting procedures, and allegations of sexual abuse.

Grievances will not be accepted if they are challenging the rules and policies, state or local laws, court decisions, and probation/parole actions.

Retaliation for use of the grievance system is prohibited.

610.3 INMATE GRIEVANCE PROCEDURES

Staff shall attempt to informally resolve all grievances at the lowest level. All attempts to resolve a grievance shall be documented in the inmate’s file. If there is no resolution at this level, the inmate may request a grievance form.

The inmate should be advised to complete the form and return it to any staff member. A grievance should be filed by an inmate within 20 days of the complaint or issue.

Inmates cannot file a grievance on behalf of another inmate but an inmate may assist another inmate in the preparation of a grievance. Custody staff may take reasonable steps to assist the inmate in the preparation of a grievance if requested.

Upon receiving a completed inmate grievance form, the staff member shall acknowledge receipt of the grievance by signing and dating the form along with logging it into the grievance tracking log. The staff member receiving the form shall gather all associated paperwork and reports and immediately forward it to a supervisor.

610.3.1 EXCEPTION TO INITIAL GRIEVANCE FILING

Inmates may request to submit the grievance directly to a supervisor or mail it directly to the Chief Jail Administrator if they reasonably believe the issues to be grieved are sensitive or that their safety would be in jeopardy if the contents of the grievance were to become known to other inmates.

Inmates with limited access to mail privileges, who are in segregation units or are indigent, may deposit their grievances in the locked grievance box within their housing unit or place their grievance in a sealed envelope labeled “Grievance” and deposit it in the regular mail boxes. These envelopes will be delivered directly to the Chief Jail Administrator and not forwarded to the United States Postal Service.

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610.3.2 TIMELY RESOLUTION OF GRIEVANCES

Upon receiving a completed inmate grievance form, the supervisor shall ensure that the grievance is investigated,resolved or denied in a timely manner, as established by the Chief Jail Administrator. Initial Grievances will be completed within 7 business days. If a response is not completed within 7 business days the Sergeant will request an extension from the Chief Jail Administrator. If an extension is approved the Sergeant will forward the inmate a document on letterhead explaining the circumstances and that and extension has been granted.

Grievances related to medical care should be investigated by the Responsible Physician or the authorized designee. The Sergeant will consult with medical to provide a written response to Initial Grievances. If an inmate appeals the response the Lieutenant assigned to the appeal will consult directly with the Medical Director.

Grievances about food-related matters should be investigated by food services. The Sergeant will consult with food service to provide a written response to Initial Grievances. If an inmate appeals the response the Lieutenant assigned to the appeal will consult directly with the Food Manager.

All other initial grievances will be investigated by the assigned Shift Sergeant within 7 business days. All inmate appeals will be investigated by the assigned Shift Lieutenant within 14 days of receipt. Inmates have the ability to file grievances and appeals directly to the Chief Jail Administrator. Any grievance or appeal sent directly to the Chief Jail Administrator will be reviewed to determine whether or not the complaint or appeal bears merit for a review at this level. If the incident does not demonstrate an appropriate level of sensitivity or merit the investigation will be assigned to the appropriate staff member for investigation. Any grievance or appeal assigned to the Chief Jail Administrator will be completed within 14 days of receipt.

610.3.3 APPEALS TO GRIEVANCE FINDINGS

Inmates may appeal the finding of a grievance to the assigned Shift Lieutenantas the final level of appeal within five days of receiving the findings of the original grievance. The Shift Lieutenantwill review the grievance and either confirm or deny it. If the Shift Lieutenant confirms the grievance, he/she will initiate corrective actions. In either case, the inmate shall receive a written response to the appeal.

Appeals related to sexual abuse allegations shall be confirmed or denied by the Chief Jail Administrator within 10 calendar days.

610.3.4 RECORDING GRIEVANCES

The Chief Jail Administrator should maintain a grievance log in a central location accessible to all supervisors. The supervisor who originally receives a grievance shall record the grievance along with its finding on the grievance log. Periodic reviews of the log should be made by the Chief Jail Administrator or the authorized designee to ensure that grievances are being handled properly and in a timely manner. A copy of each grievance should be filed in the inmate’s official record and maintained throughout the inmate’s period of incarceration.

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The original grievance should be retained in a file maintained by the Chief Jail Administrator or the authorized designee, and shall be retained in accordance with established records retention schedules.

All inmate grievances are tracked and maintained in the Corrections Shared Drive under Data Tracking in the Grievance Folder. Each grievance is assigned an individual number specific to the date, number of grievance and level of review.

610.3.5 FRIVOLOUS GRIEVANCES

Inmates shall use the grievance process only for legitimate problems or complaints. If there is concern that an inmate is abusing the grievance process, he/she shall be informed that continued behavior may result in disciplinary action.

610.3.6 EMERGENCY GRIEVANCES

Inmates may file an emergency grievance to address issues that could subject the inmate to immediate substantial risk of personal injury or cause other serious and irreparable harm, as defined by the Chief Jail Administrator. An emergency grievance may be submitted to any member and forwarded immediately without substantive review to the Shift Supervisor.

The Shift Supervisor should promptly initiate an investigation or direct the manager responsible for the program or service to commence an investigation. The Shift Supervisor should produce or receive findings and recommendations from the investigation within 48 hours of receipt of the grievance and communicate the resolution to the inmate immediately. The inmate may appeal the decision to the Chief Jail Administrator within 24 hours of notification, and the Chief Jail Administrator will communicate the final decision within 24 hours of receipt of the appeal.

610.4 GRIEVANCE AUDITS

The Chief Jail Administrator should perform an annual audit of all inmate grievances and complaints filed the previous calendar year. The Chief Jail Administrator should forward a memorandum to the Sheriff detailing the findings, including recommendations regarding any changes to policy or procedures or any additional training that might be warranted to reduce future complaints. Specific identifying information regarding dates, times or individuals named in the complaints is not part of this process and should not be included in the memorandum.

The Sheriff should evaluate the recommendations and ensure appropriate action is taken.

Any training issues identified as a result of this audit should be forwarded to the Training Manager, who will be responsible for ensuring all necessary and required training is scheduled and completed.

610.5 TRAINING

The Training Manager shall ensure that all members receive initial and periodic training regarding all aspects of this policy. All training delivered should include testing to document that the member understands the subject matter.

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610.6 ADDITIONAL PROVISIONS FOR GRIEVANCES RELATED TO SEXUAL ABUSE

The following apply to grievances that relate to sexual abuse allegations (28 CFR 115.52):

(a) Inmates may submit a grievance regarding an allegation of sexual abuse at any time.

(b) Third parties, including fellow inmates, staff members, family members, attorneys, and outside advocates, are permitted to assist inmates in filing such grievances and to file such grievances on behalf of inmates if the inmate agrees to have the grievance filed on his/her behalf. Staff members who receive a grievance filed by a third party on behalf of an inmate shall inquire whether the inmate wishes to have the grievance processed and shall document the inmate's decision.

(c) Grievances may be submitted to any staff member and need not be submitted to the member who is the subject of the complaint.

(d) Staff receiving a grievance shall forward the grievance to a supervisor. Grievances shall not be forwarded to any supervisor who is the subject of the complaint. The supervisor receiving the grievance shall refer the grievance to the Shift Supervisor for investigation. Inmates and staff are not required to attempt to informally resolve grievances related to sexual abuse.

(e) The Shift Supervisor shall ensure that grievances related to sexual abuse are investigated and resolved within 90 days of the initial filing. The Shift Supervisor may grant an extension of up to 70 days if reasonable to make an appropriate decision. If an extension is granted, the inmate shall be notified and provided a date by which a decision will be made.

(f) At any level of the process, including the appeal, if the inmate does not receive a response within the allotted time, including any properly noticed extension, the inmate may consider the absence of a response to be a denial at that level.

(g) Inmates may be disciplined for filing a false grievance related to alleged sexual abuse only when it is determined that the inmate filed the grievance in bad faith.

610.6.1 EMERGENCY GRIEVANCES RELATED TO SEXUAL ABUSE

Any inmate who believes he/she or any other inmate is in substantial risk of imminent sexual abuse may file an emergency grievance with any supervisor. The supervisor shall determine whether immediate action is reasonably necessary to protect the inmate and shall provide an initial response within 48 hours.

The supervisor shall refer the grievance to the Shift Supervisor, who will investigate and issue a final decision within five calendar days.

The initial response and final decision shall be documented and shall include a determination whether the inmate is in substantial risk of imminent sexual abuse and identify actions taken in response to the emergency grievance (28 CFR 115.52).

610.7 ACCESS TO THE GRIEVANCE SYSTEM

All inmates shall be provided with a grievance process for resolving complaints arising from correctional facility matters with at least one level of appeal.

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Inmate Grievances

Inmates will receive information concerning the grievance procedure during the orientation process. Information will also be contained in the inmate handbook. Information regarding the grievance process will be provided to inmates in the language they understand.

The information will include:

- A grievance form or instructions for registering a grievance.
- Instructions for the resolution of the grievance at the lowest appropriate staff level.
- The appeal process to the next level of review.
- Written reasons for denial of a grievance at each level of review.
- A provision of required time frames for responses.
- A provision for resolving questions of jurisdiction within the correctional facility.
- Consequences for abusing the grievance system.

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Inmate Voting

611.1 PURPOSE AND SCOPE

This policy establishes the requirement for providing eligible inmates the opportunity to vote during elections, pursuant to election statutes.

611.2 POLICY

The Office will assist inmates who wish to vote in an election.

611.3 VOTING REQUIREMENTS

Inmates maintain their right to vote while incarcerated if they are:

(a) A citizen of the United States.

(b) A resident of the county.

(c) At least 18 years of age at the time of the next election.

(d) Mentally competent (not been declared mentally incompetent by a court).

(e) Awaiting trial or on trial for a criminal offense.

(f) Serving time for a traffic or misdemeanor offense or as a condition of probation.

(g) Not convicted of a felony offense and sentenced to serve time in a state prison.

(h) Not on parole as a result of a felony conviction.

611.4 PROCEDURES

Prior to each election, the Chief Jail Administrator will designate a deputy to be a liaison between the Office and the local registrar of voters. The designated deputy will be responsible for assisting inmates who have requested to vote.

611.4.1 REGISTERING TO VOTE

An inmate who is eligible to vote and requests to register should complete a voter application. The application should be submitted to the liaison deputy, who will forward the application to the local election official.

611.4.2 REQUESTING AN ABSENTEE BALLOT

An inmate who will be in custody during an election and requests to vote by absentee ballot should complete an application. The completed application should be submitted to the liaison deputy, who will forward the application to the local election official.

611.4.3 VOTING

All ballots received shall be delivered to inmates in a timely manner to ensure compliance with the inmate's right to vote. Once the ballot has been delivered to the inmate, it shall be the responsibility of the inmate to mail his/her ballot in accordance with the state's voting requirements. If the inmate

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is indigent, the correctional facility will mail the ballot; if not, the inmate is responsible for the postage.

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Inmates with Disabilities

612.1 PURPOSE AND SCOPE

The purpose of this policy is to provide guidelines for equal access to Island County Sheriff's Office services, programs, and activities for inmates with disabilities, in accordance with Title II of the Americans with Disabilities Act (ADA).

This policy also includes guidelines to provide effective communication with inmates with disabilities. See the Immigration Considerations Policy for direction regarding the state law prohibiting the use of federal immigration authorities as interpreters and language services providers.

612.1.1 DEFINITIONS

Definitions related to this policy include (28 CFR 35.104):

ADA Coordinator - The member designated by the Chief Jail Administrator to coordinate the correctional facility's efforts to comply with the ADA (28 CFR 35.107).

Assistive devices, auxiliary aids, and services - Tools used by inmates with disabilities to facilitate their participation in services, programs, and activities offered by the Island County Sheriff's Office and to facilitate effective communication. They include but are not limited to the use of gestures or visual aids to supplement oral communication; a notepad and pen or pencil to exchange written notes; a computer or typewriter; an assistive listening system or device to amplify sound; a teletypewriter (TTY) or videophones (video relay service or VRS); taped text; qualified readers; a qualified interpreter; wheelchairs and other devices that facilitate mobility; audio books and large-print material; visible alarm signals; special diets; and lifts, trapeze bars, and shower chairs.

Disability - A physical or mental impairment that substantially limits a major life activity, including hearing, seeing, speaking, or performing manual tasks, regardless of whether the person uses assistive devices, auxiliary aids, and services. Individuals who wear ordinary eyeglasses or contact lenses are not considered to have a disability (42 USC § 12102; 28 CFR 35.108).

Modification - Any change, adjustment, alteration, adaptation, or accommodation that renders the Island County Sheriff's Office service, program, or activity suitable for use, enjoyment, or participation by an inmate with a disability. This may include alteration of existing buildings and facilities.

A modification includes any change or exception to a policy, practice, or procedure that allows an inmate with a disability to have equal access to services, programs, and activities. It also includes the provision or use of assistive devices, auxiliary aids, and services.

Qualified interpreter - A person authorized by the Island County Sheriff's Office as a language services provider who is able to interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary. Qualified interpreters include oral interpreters, transliterators, sign language interpreters, and intermediary interpreters.

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612.2 POLICY

It is the policy of the Island County Sheriff's Office that inmates with disabilities have equal access to services, programs, and activities of the Island County Sheriff's Office.

The Island County Sheriff's Office will not discriminate against or deny any inmate access to services, programs, or activities based upon the presence or suspected presence of disabilities.

612.3 ADA COORDINATOR RESPONSIBILITIES

The ADA Coordinator will work with the Chief Jail Administrator and the Responsible Physician as appropriate to (28 CFR 35.130):

(a) Establish procedures to determine at admission if modifications are necessary for participation in the correctional facility's services, programs, and activities, to document an inmate's disability and preferred assistive devices, auxiliary aids, or services as applicable, and to regularly reassess in consultation with the inmate whether alternative or additional modifications are necessary.

(b) Provide notice to inmates regarding the rights and protections afforded by the ADA (e.g., posters, published notices, handbooks, and orientation materials describing correctional facility services, programs, and activities and the availability of assistive devices, auxiliary aids, and services, as well as modifications) (28 CFR 35.106).

(c) Establish classification criteria to make housing assignments for inmates with disabilities.

1. Absent unusual circumstances, inmates with disabilities should not be (28 CFR 35.152):

(a) Housed in a medical area unless they are receiving medical care or treatment.

(b) Classified as special management inmates unless they meet the criteria provided in the Special Management Inmates Policy.

(d) Establish housing areas that are equipped to meet the physical needs of inmates with disabilities, including areas that allow for personal care and hygiene in a reasonably private setting, and that allow inmates with disabilities to be integrated into the larger inmate population as appropriate to the inmate's needs.

(e) Establish procedures for reviewing and processing requests for modifications that will help members provide inmates with disabilities access to the correctional facility's services, programs, and activities, as appropriate.

(f) Make reasonable modifications to policies, practices, and procedures as necessary to allow inmates with disabilities to participate in the correctional facility's services, programs, and activities.

(g) Enlist or contract with trained service personnel who have experience working with inmates with disabilities, and assign individuals with adequate training to assist inmates with disabilities with basic life functions as needed.

(h) Establish procedures for restraining, transporting, and moving inmates with disabilities.

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(i) Establish procedures that give inmates with disabilities equal opportunities to participate in or benefit from all aspects of the correctional facility's efforts to prevent, detect, and respond to sexual abuse and sexual harassment (28 CFR 115.16).

(j) Establish procedures for responding to commonly encountered disabilities such as sight or mobility impairments and intellectual or developmental disabilities.

(k) Develop, implement, and publish procedures to provide for prompt and equitable resolution of complaints and inquiries regarding discrimination in access to services, programs, and activities (28 CFR 35.107). The complaint procedures should include an appeal process.

(l) Establish procedures for provision, maintenance, and cleaning of assistive devices and auxiliary aids used by inmates.

(m) Act as a liaison with local disability advocacy groups or other disability-focused groups regarding access to the correctional facility's services, programs, and activities.

(n) Facilitate a process of periodic self-evaluation. The process should include:

1. Inspection of current facilities to identify access issues.
2. Review of current correctional facility services, activities, and programs for access issues.
3. Assessment and update, if necessary, of current compliance measures.
4. Identification of recurring areas of complaint for which new methods of modification should be considered.
5. Review of the correctional facility's emergency programs, services, and activities as they apply to inmates with disabilities.
6. Recommendation of a schedule to implement needed improvements.

(o) Develop and implement procedures to provide that new construction and any alteration to an existing building or facility are undertaken in compliance with the ADA (28 CFR 35.151).

(p) Verify that third parties providing services, programs, or activities to inmates through contract, outsourcing, licensing, or other arrangement have established reasonable policies and procedures to prevent discrimination against and denial of access to inmates with disabilities (28 CFR 35.152).

(q) Recommend amendments to this policy, as needed.

612.4 REQUESTS

The goal of any modification should be to allow an inmate with a disability to participate in the service, program, or activity the same as an inmate who does not have a disability. The Island County Sheriff's Office will not require inmates with disabilities to furnish their own assistive device, auxiliary aid, or service as a condition for receiving access to Island County Sheriff's Office services, programs, and activities (28 CFR 35.160).

Upon receiving a request for a modification, members should make reasonable efforts to accommodate the request based upon the preference of the inmate with the disability by providing

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a reasonable modification consistent with any procedures related to the inmate's disability. Members should not ask about the nature and extent of an inmate's disability but should limit questions to elicit information necessary to determine the need for a modification and the appropriate type of modification.

If there are no current procedures in place, members receiving an inmate request for a modification should direct the inmate to provide the request in writing or assist the inmate in doing so, as needed. The written request should be brought to the on-duty supervisor as soon as practicable and during the member's current shift. The supervisor should review the request within 24 hours of receipt. The reviewing supervisor should evaluate the request and, if approved, notify the Chief Jail Administrator, ADA Coordinator, and any other members as necessary to implement the modification.

A supervisor who does not grant the modification, either in part or in full, should forward the request to the Chief Jail Administrator and the ADA Coordinator for processing as soon as reasonably practicable.

Requests that are minor and do not reasonably appear related to a significant or ongoing need may be addressed informally, such as rearranging chairs to make room for a wheelchair. Such requests need not be made in writing.

612.4.1 DENIAL OF A REQUEST

Requests for modifications should be approved unless complying with the request would result in (28 CFR 35.150):

(a) A substantial alteration of the service, program, or activity.

(b) An undue financial or administrative burden on the Island County Sheriff's Office. All resources available for use in the funding and operation of the service, program, or activity at issue should be considered in this determination.

(c) A threat to or the destruction of the historic significance of a historic property.

(d) A direct threat to the health or safety of others (28 CFR 35.139).

(e) A threat to the orderly operation or function of the correctional facility.

If any of these circumstances are present, the ADA Coordinator should work with Island County Sheriff's Office members and the inmate requesting the modification to determine if an alternative modification is available. If no alternative modification is appropriate, the ADA Coordinator shall issue a written statement explaining why a modification of the service, program, or activity will not be made (28 CFR 35.150).

Where physical modification of an existing building or facility, or new construction, would be unfeasible or unduly burdensome, the ADA Coordinator should work with Island County Sheriff's Office members and the inmate requesting the modification to determine whether alternative modifications are available. Alternative methods that should be considered include (28 CFR 35.150):

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(a) Reassigning services, programs, or activities to accessible buildings or facilities.

(b) Utilizing technology, equipment, and vehicles or other conveyances.

(c) Any other means or methods that would make services, programs, or activities readily accessible.

612.4.2 SURCHARGES

Surcharges shall not be imposed upon inmates with disabilities to cover the costs of providing modifications (28 CFR 35.130(f)).

612.5 ASSISTIVE DEVICES AND AUXILIARY AIDS

An inmate should be permitted to retain assistive devices and auxiliary aids prescribed or recommended by a qualified health care professional. An inmate may be required to provide documentation from a qualified health care professional describing the medical necessity for the device or aid. Any devices and aids brought to the correctional facility by the inmate or by others after the inmate has been admitted shall be subject to a security check. The correctional facility accepts no responsibility for loss or damage to any device or aid provided by the inmate.

Any assistive device or auxiliary aid that is determined to present an imminent risk of bodily harm or an imminent risk to the security of the correctional facility may be temporarily removed from use and stored with the inmate's property. The ADA Coordinator or the Shift Supervisor should work with the inmate to make alternate modifications pending review by a qualified health care professional. The removal of a device or aid and any alternate accommodations made shall be noted in the daily log and the inmate's health care records.

Within 24 hours of any removal of an assistive device or auxiliary aid, a qualified health care professional will consult with the inmate and review relevant records to determine whether the permanent removal may be injurious to the inmate's health or safety. If the qualified health professional finds that the device or aid is medically necessary and the Chief Jail Administrator determines after investigation of the specific facts presented that it should not be returned because of verified security concerns, options include, as applicable:

(a) Reclassifying the inmate to an accessible housing unit or cell.

(b) With qualified health care professional approval, modifying the device or aid to meet the needs of the inmate and the security needs of the correctional facility.

(c) Supplying the inmate with an alternate device or aid.

(d) Providing the inmate with an opportunity to petition the court for the return of the device, in accordance with local, state, and federal law.

612.6 COMMUNICATIONS

Members should remain alert to the possibility of communication problems when engaging with inmates with disabilities. When a member knows or suspects an inmate requires assistance to effectively communicate, the member should identify the inmate's choice of assistive devices, auxiliary aids, and services. The inmate's choice should be honored unless another effective

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means of communication exists. Notice of an inmate's disability and preferred method of communication should be provided to members who have contact with the inmate so that effective communication may be achieved. Members should consider all information reasonably available to them when determining how to communicate with an inmate with a disability, including (28 CFR § 35.160):

(a) The methods of communication usually used by the inmate.

(b) The nature, length, and complexity of the communication involved.

(c) The context of the communication.

In emergency situations involving an imminent threat to the safety or welfare of any person, members may use whatever modification reasonably appears effective under the circumstances. This may include, for example, exchanging written notes or using the services of a person who knows sign language but is not a qualified interpreter, even if the inmate who is deaf or hard of hearing would prefer a qualified sign language interpreter. Once the emergency has ended, the member should inquire as to the individual's preference and give primary consideration to that preference.

612.6.1 INTERVIEWS AND INTERROGATIONS

In an effort to ensure that the rights of inmates with disabilities are protected during any formal interview or interrogation that takes place in the correctional facility, the Island County Sheriff's Office will provide reasonable modifications before beginning an interview or interrogation, unless exigent circumstances exist or the inmate has made a clear indication that the inmate understands the process and desires to proceed without receiving a modification. If *Miranda* warnings are required under the circumstances, these should be provided to the inmate via the inmate's preferred method of communication.

Interrogations should be recorded whenever reasonably practicable.

612.6.2 QUALIFIED INTERPRETERS

A qualified interpreter may be needed in lengthy or complex interactions (e.g., the admissions process, health care consultations, classification interviews, disciplinary hearings) for inmates who normally rely on sign language or speechreading (i.e., lip-reading) to understand what others are saying. The qualified interpreter should not be a person with an interest in the matter. A person providing interpretation services may be required to establish the accuracy and trustworthiness of the interpretation in a legal proceeding.

Qualified interpreters should be:

(a) Available within a reasonable amount of time.

(b) Experienced in providing interpretation services in the person's primary language.

(c) Familiar with the use of text- and video-based communications products and systems.

(d) Certified in either American Sign Language (ASL) or Signing Exact English (SEE).

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(e) Able to understand and adhere to the interpreter role without deviating into other roles, such as counselor or legal adviser.

(f) Knowledgeable of the ethical issues involved when providing interpreter services.

Members should use correctional facility-approved procedures to request a qualified interpreter at the earliest reasonable opportunity or when it is reasonably apparent that an interpreter is needed. The use of a video remote interpreting service should be considered, where appropriate, if a live interpreter is not available. Inmates with disabilities shall not be required to provide their own interpreters (28 CFR 35.160).

Except in an emergency involving an imminent threat to the safety or welfare of any person and no qualified interpreter is reasonably available, members shall not use another inmate or a member who has not been hired or contracted specifically to serve as a qualified interpreter as an interpreter.

612.7 DOCUMENTATION

Whenever any modification has been provided, the member involved should document:

(a) The type of modification, assistive device, auxiliary aid, or service provided.

(b) Whether the individual elected to use an assistive device, auxiliary aid, or service provided by the correctional facility or another identified source, if applicable.

(c) Whether the individual's express preference for the modification was not honored and the reason an alternative method was used.

The documentation and any written communications exchanged should be maintained consistent with the Records and Data Practices Policy.

612.8 COMPLAINTS

A member who receives a complaint or becomes aware of potential disability discrimination, an ADA violation, or an inmate's inability to access a correctional facility service, program, or activity should document the complaint and promptly refer the matter to the ADA Coordinator (28 CFR 35.107). The Island County Sheriff's Office shall assist inmates with disabilities who require assistance to file a complaint regarding members of the Island County Sheriff's Office (see the Inmate Grievances Policy).

612.9 TRAINING

Members should receive periodic training on ADA compliance, to include:

(a) Awareness and understanding of this policy, related procedures and forms, and available resources.

(b) Procedures for handling requests for modifications.

(c) Accessing assistive devices, auxiliary aids, and services needed to accommodate requests for modifications.

(d) General requirements of the ADA, including modifying policies and practices, communicating with and assisting inmates, accepting calls placed through alternative

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systems, and identifying alternate ways to provide access to services, programs, and activities as appropriate.

Management staff, even if they do not interact regularly with inmates with disabilities, should receive training as appropriate to understand and reinforce this policy.

Training records should be maintained in accordance with the established records retention schedule.

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Chapter 7 - Medical-Mental Health

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Health Care Administrative Meetings and Reports

700.1 PURPOSE AND SCOPE

The Office recognizes that the delivery of effective health care requires open and frequent communication between the Responsible Physician and the Chief Jail Administrator. This policy provides guidelines for the continuous monitoring, planning and problem resolution in providing health care that addresses the medical needs of the inmate population and prevents potential outbreaks of communicable and contagious illness.

700.1.1 DEFINITIONS

The following terms and meanings shall apply to all policies in this chapter:

Access to care - An inmate should be seen in a timely manner by a qualified health care professional. The inmate should be given a professional clinical diagnosis and receive treatment that is ordered.

Clinical practice guidelines - A systematically developed sciencebased statement designed to assist practitioners and inmates with decisions about appropriate health care for specific clinical circumstances. Clinical practice guidelines are used to assist clinical decision-making, assess and assure the quality of care, educate individuals and groups about clinical disease, guide the allocation of health care resources and reduce the risk of legal liability for negligent care.

Clinical setting - An examination or treatment room, either on or offsite, which is appropriately supplied and equipped to address a patient's health care needs.

Daily - Seven days a week, including holidays.

Direct order - A written order issued by a qualified health care professional specifically for the treatment of an inmate's particular condition.

Health authority - The Responsible Physician, health services administrator or health agency responsible for providing all health care services or coordinating the delivery of all health care services.

Health appraisal - A comprehensive health evaluation completed within 14 days of an inmate's arrival at the facility.

Health care - The sum of all actions, preventive and therapeutic, taken for the physical and mental wellbeing of the inmate population. The term health care includes medical, both physical and psychological, dental, nutrition and other ancillary services, as well as maintaining safe and sanitary environmental conditions.

Health-trained custody staff - A deputy or other facility employee who has received training from the Responsible Physician or the authorized licensed designee in limited aspects of health care coordination.

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HIPAA - Health Insurance Portability and Accountability Act

Mental health staff - Qualified health care professionals who have received instruction and supervision in identifying and interacting with individuals in need of mental health services.

Physical examination - An objective, hands-on evaluation of an individual. It involves the inspection, palpation, auscultation and percussion of a body to determine the presence or absence of physical signs of disease.

Responsible Physician - An individual licensed to practice medicine and provide health services to the inmate population of the facility, or the physician at an institution with final responsibility for decisions related to medical judgment.

Qualified health care professional - Physicians, physician's assistants, nurses, nurse practitioners, dentists, mental health professionals or other persons who, by virtue of their education, credentials and experience are permitted by law to evaluate and care for patients within the parameters of his/her license or certification.

Sick call - The evaluation and treatment of an ambulatory patient, either on or offsite, by a qualified health care professional.

Special needs - Health conditions that require regular care.

Standing order - Written orders issued by a physician that specify the same course of treatment for each patient suspected of having a given condition and the specific use and amount of prescription drugs (e.g., immunizations, insulin, seizure medications).

Suicidal ideation - Having thoughts of suicide or of taking action to end one's own life. Suicidal ideation includes all thoughts of suicide when the thoughts include a plan to commit suicide and when they do not.

Treatment plan - A series of written statements specifying a patient's particular course of therapy and the roles of qualified health care professionals in delivering the care.

Triage - The sorting and classifying of health care requests to determine priority of need and the proper place for health care to be rendered.

700.2 POLICY

The Sheriff shall select the Responsible Physician in accordance with the Health Authority Policy. It is the policy of this facility that the Responsible Physician should periodically meet with the Chief Jail Administrator. The Responsible Physician should report on the effectiveness of the health care system, a description of any environmental or access issues that require improvement, and detail any progress that has been made in previously reported areas. The data for the quarterly report should be gathered by the Responsible Physician via monthly meetings with all facility Shift Supervisors and qualified health care professionals.

The meetings may cover the following topics:

- Health care services

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Health Care Administrative Meetings and Reports

- Quality improvement findings
- Infection control efforts
- Inmate grievances
- Environmental inspections report

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Access to Health Care

701.1 PURPOSE AND SCOPE

The provision of adequate health services in a custody setting is a constitutional right afforded to all inmates. The purpose of this policy is to provide custody personnel and qualified health care professionals with a process to inform newly booked inmates of the procedure to access health care services and how to use the grievance system, if necessary.

701.2 POLICY

It is the policy of this office that all inmates, regardless of custody status or housing location, will have timely access to a qualified health care professional and receive a timely professional clinical judgment and appropriate treatment.

The Island County Sheriff's Office facility will provide appropriate and cost-effective emergency and necessary medical, dental and mental health care as necessary to maintain the health and well-being of inmates to a reasonable and socially acceptable standard (RCW 70.48.130).

701.3 ACCESS TO CARE

Inmate medical requests will be evaluated by qualified health care professionals or health-trained custody staff. Health care services will be made available to inmates from the time of admission until they are released. Information regarding how to contact the medical staff will be posted in all inmate housing areas. Medications and community health resources and referrals may be provided upon request when the inmate is released.

Unreasonable barriers shall not be placed on an inmate’s ability to access health services. Health care that is necessary during the period of imprisonment shall be provided regardless of an inmate’s ability to pay, the size of the facility or the duration of the inmate’s incarceration (RCW 70.48.130). Such unreasonable barriers include:

- Punishing inmates for seeking care for their health needs.
- Assessing excessive co-payments that prevent or deter inmates from seeking care for their health needs.
- Deterring inmates from seeking care for their health needs by scheduling sick call at unreasonable times.

All routine requests for medical attention shall be promptly routed to a qualified health care professional.

Any incident of an inmate refusing medical treatment or causing a disruption in the delivery of health care services shall be documented in an incident report. The original incident report shall be forwarded to the Responsible Physician and a copy sent to the Chief Jail Administrator.

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701.4 HEALTH CARE GRIEVANCES

Custody personnel should authorize and encourage resolution of inmate complaints and requests on an informal basis whenever possible. To the extent practicable, custody personnel should provide inmates with opportunities to make suggestions to improve programs and conditions.

Inmates will be informed of the grievance process during inmate orientation. The grievance process is also explained in the inmate handbook, which all inmates receive and which they should have additional access to in their housing units. Grievances will be handled in accordance with the Inmate Grievances Policy.

Custody personnel should minimize technical requirements for grievances and allow inmates to initiate the grievance process by briefly describing the nature of the complaint and the remedy sought. For simple questions and answers regarding clinical issues, inmates may meet with a qualified health care professional or may submit a written correspondence.

Inmate grievances regarding health care issues will be investigated by an uninvolved member of the medical staff. If no such person is available or does not exist, an outside peer should be sought to investigate the grievance. The inmate should be provided with a written response in accordance with the schedule set forth in the Inmate Grievances Policy. Responses to inmate grievances should be based on the community standard of health care.

Copies of grievances and the facility’s response shall be sent to the Chief Jail Administrator, who, in consultation with the Responsible Physician, shall serve as the final authority in response to all inmate grievances.

If an inmate is not satisfied with the response, the inmate may appeal the grievance as outlined in the Inmate Grievances Policy.

701.5 POSTING AVAILABLE RESOURCES

A listing of telephone numbers for medical, dental, mental health and ambulance services shall be posted at the facility’s medical area and in the primary staff control station, along with a schedule of availability.

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Non-Emergency Health Care

702.1 PURPOSE AND SCOPE

The purpose of this policy is to establish a daily triage system of inmate requests for health care services. This is to ensure that the health needs of the population are addressed properly and in a timely manner.

702.2 POLICY

It is the policy of this office to provide access to the qualified health care professionals or health-trained custody staff in order for inmates to request medical services. All health care requests will be documented, triaged and referred appropriately by medical staff. Qualified health care professionals will conduct sick call and clinics for health care services on a scheduled basis to ensure a timely response to requests for medical services.

The Responsible Physician, in coordination with the Chief Jail Administrator or the authorized designee, is responsible for developing a process that includes:

(a) A process for inmates to request health services on a daily basis.

(b) A priority system for health care services to acquire and address requests for routine health care, and for urgent or emergent injuries, illnesses and conditions.

(c) Making health care request forms available in each housing unit and to all inmates upon request.

(d) A system, in which health care requests are documented, triaged and referred appropriately.

(e) Restrictions that prohibit non-health services personnel from diagnosing or treating illnesses or injuries.

702.3 HEALTH CARE REQUESTS

During the collection of health care requests from inmates, care should be taken to protect the confidentiality of the inmate and the nature of the health issue. The collector shall date and initial the request when the collection takes place. The requests shall be triaged to determine the priority of need and the proper place for health care to be delivered.

Inmates will be instructed on how to obtain medical services during the inmate orientation process and in the inmate handbook. Inmates shall submit a medical request form to the housing unit deputy or the health-trained custody staff delivering medications, or a nurse, if appropriate.

Medical request forms should be available in languages representative of the population. Inmates who communicate in a language not available in printed form shall have access to interpreter services.

Inmates with disabilities should be provided with appropriate assistance or accommodation to ensure they are able to request health care services.

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The deputy shall forward all requests to the correctional facility nurse.

702.4 TRIAGE OF HEALTH CARE REQUESTS

Qualified health care professionals shall perform triage. Sick call shall be available to inmates at least four days a week and shall be performed by a qualified health care professional.

Other qualified health care professionals should schedule inmates in need of specialized treatment for the next available providers' clinic. The wait for the next available providers' clinic should not exceed two days if deemed necassary. The qualified health care professional shall document the referral in the providers' scheduling book and on the inmate's medical record.

The frequency and duration of sick call should be sufficient to meet the needs of the inmate population, but should be conducted at least weekly by a qualified health care professional. If an inmate's custody status precludes attendance at sick call, arrangements shall be made to provide sick call services in the place of the inmate's detention.

702.5 GUIDELINES FOR ELECTIVE PROCEDURES OR SURGERY

The Responsible Physician and the Chief Jail Administrator shall work cooperatively to develop guidelines that govern elective procedures or surgery for inmates. The guidelines must include decision-making processes for elective procedures or surgery that is needed to correct a substantial functional deficit or an existing pathological process that threatens the well-being of the inmate over a period of time. Any discussion of this nature with the inmate should be conducted in a language easily understood by the inmate and should be carefully documented in the inmate's medical record. This record should be maintained in accordance with established records retention schedules.

702.6 REQUESTS FOR OUTSIDE MEDICAL CARE

Inmates who request access to health care services outside the facility may do so with advance authorization from the Chief Jail Administrator or the authorized designee. The inmate shall be required to provide proof of sufficient private funds available to pay for all costs associated with transportation to the off-site facility and all costs associated with the medical services, diagnostics, treatment plans, medications or any other costs associated with off-site medical care.

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Referrals and Coordination of Specialty Care

703.1 PURPOSE AND SCOPE

The purpose of this policy is to establish a process for referring inmates who need health care or specialty care that is beyond the resources available in the facility. The policy includes guidelines regarding transportation under appropriate security provisions, and the formulation of advance written agreements for around the clock or on-call availability of alternate services. Specialty care includes specialist-provided health care, such as nephrology, surgery, dermatology and orthopedics.

703.2 POLICY

It is the policy of this office that inmates have access to necessary hospitalization and specialty services for serious medical needs. This facility will provide, either directly or through contracted sources, specialty care and emergency medical services to inmates when the need is determined by the Responsible Physician.

703.3 CHIEF JAIL ADMINISTRATOR RESPONSIBILITY

The Chief Jail Administrator or the authorized designee, in coordination with the Responsible Physician is responsible for establishing written agreements with outside specialty health care services for emergency and urgent care that is not available within the facility. In addition, a plan shall be developed for the secure transportation of inmates to a facility where such care is available.

703.4 REFERRAL TO OFF-SITE MEDICAL CARE

A qualified health care professional shall evaluate the inmate, and if indicated, shall recommend specialty appointments in writing on the order sheet in the inmate's medical record. A referral form should be completed and any supporting documentation attached. The written referral shall be reviewed and authorized, if appropriate, by the Responsible Physician.

703.5 OFF-SITE COORDINATION

A qualified health care professional is responsible for recommending off-site medical and psychiatric care for inmates, coordinating outside appointments and notifying supervisory custody staff of off-site transportation needs. The Chief Jail Administrator should establish a written transportation procedure that ensures inmates are transported securely and in a timely manner for medical, mental health, dental clinic or other specialty appointments. The procedure shall include the secure transfer of medical information to the receiving health care service.

Any conflicts that arise regarding off-site consultation trips will be communicated by the deputy responsible for transportation to the Responsible Physician and Chief Jail Administrator or the authorized designee so that modifications may be made.

The correctional facility supervisor shall keep a log of missed appointments to determine if transportation issues are impeding the ability of inmates to access appropriate medical care. Any

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issues identified shall be discussed and resolved between the Responsible Physician and the Chief Jail Administrator.

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Emergency Health Care Services

704.1 PURPOSE AND SCOPE

The purpose of this policy is to establish plans and procedures for responding to medical emergencies in the facility when the level of medical or mental health services exceed the licensure or certification of staff who are on-duty and to define staff training requirements.

704.2 POLICY

It is the policy of this office that emergency medical, mental health and dental services are available 24 hours a day. These services may include off-site health care services.

704.3 PROCEDURES

The Chief Jail Administrator or the authorized designee shall work cooperatively with the Responsible Physician to develop plans and procedures for responding to emergency medical incidents that occur when the level of medical or mental health services needed exceeds the licensure or certification of staff who are on-duty. The plans should include: on-site emergency first aid, basic life support and crisis intervention; emergency evacuation of an inmate from the facility, including security procedures, to ensure an immediate transfer when appropriate; on-call physicians, dentists and mental health professionals; predetermined back-up health care services when the emergency health facility is not located in a nearby community; and the identification of primary, secondary and tertiary acute care facilities.

The plan may additionally include, but is not limited to, these components:

(a) Health-trained custody staff shall respond to all emergencies immediately upon notification.

(b) Contact information for emergency on-call health care services, both on- and off-site, is available and accessible for facility supervisors.

(c) Qualified health care professionals shall respond by reporting to the area of the emergency with the necessary emergency equipment and supplies.

(d) Emergency equipment and supplies are regularly maintained and accessible to the qualified health care professionals and health-trained custody staff.

(e) Most inmates will be stabilized on-site and then transferred to an appropriate health care unit, if necessary.

(f) Notification of on-call physicians and mental health staff will be done as soon as the situation reasonably allows.

(g) The qualified health care professionals will determine if the inmate needs to be transported to a local emergency room for treatment.

(h) When necessary, facility staff shall activate 9-1-1 and notify a supervisor as soon as reasonably practicable.

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(i) The Chief Jail Administrator and the Responsible Physician will coordinate on the notification of the inmate's next of kin in cases of serious illness and injury. Death notifications will be made in accordance with the Inmate Death - Clinical Care Review Policy.

The goal of any emergency medical response plan is to provide emergency medical care to those in need as expeditiously as possible. While facility size and patient proximity to the health care service will vary, staff training will emphasize responding to medical emergencies as soon as reasonably possible.

704.4 EMERGENCY PROCEDURES

The Chief Jail Administrator or the authorized designee is responsible for ensuring the following information, equipment and personnel are available in the event an inmate requires emergency treatment:

(a) A current list of names, addresses and telephone numbers of all persons and agencies to be notified in an emergency. The list should be available to all health care and custody staff at all times, and should be updated quarterly.

(b) Emergency drugs, equipment and supplies should be readily available at all times and replenished after each use. An inventory control system should be in use to ensure the necessary supplies are present when needed and have not expired. This includes:

1. Opioid overdose medication as provided by RCW 69.41.095.
2. Epinephrine as provided by Washington law (RCW 70.54.440).

(c) A physician, dentist and mental health professional should be available on-call 24 hours a day, seven days a week (this can include off-site health care services) and there should be a back-up health care services plan.

(d) Ambulances should be accessed through the facility staff or by calling the appropriate emergency number. There should be a clear security plan in place for the transportation of inmates.

(e) The Shift Supervisor will be contacted and informed of any emergency as soon as practicable.

(f) All decisions regarding medical treatment and the need for emergency transportation are to be made by the qualified health care professionals or health-trained custody staff.

(g) Whenever reasonably possible, the on-call health care service should be notified prior to transporting the inmate to the hospital or other emergency care. However, in the event of a life- or limb-threatening emergency, the inmate shall be sent to the hospital in the most expedient way possible, which may require notifying the specific health care service after the inmate has been transported.

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704.5 FIRST-AID KITS

The Responsible Physician or the authorized designee is responsible for determining the contents, number, location and procedures for monthly inspections of all first-aid kits in the facility. The Responsible Physician shall also ensure that:

(a) The contents of each first-aid kit are:

1. Appropriate for its location and approved by the Responsible Physician.
2. Arranged for quick use.
3. Documented on the outside cover.
4. Inventoried every month.
5. Secured with a plastic tamper-proof seal.
    (a) Once the seal has been broken, the kit should be taken to the medical unit so the contents can be inventoried and restocked.

(b) Written protocols and training materials are developed for the use of medical supplies and equipment by health-trained custody staff.

(c) Inspections and testing of supplies and equipment are documented and maintained in accordance with established records retention schedules.

704.6 TRAINING

The Chief Jail Administrator shall ensure that all qualified health care professionals are trained in the delivery of emergency medical services in the custody environment during new employee orientation.

The Chief Jail Administrator or the authorized designee shall ensure that all facility staff members who have contact with inmates receive first-aid and basic life support training during new employee orientation, and that annual refresher training is conducted for the facility and qualified health care professionals. Training should include, but not be limited to:

(a) The location of all emergency medical equipment and medications, and the proper use of the equipment, such as automated external defibrillators (AED).

(b) How to properly summon internal and external emergency services.

(c) Recognition of basic life support signs and symptoms, and the actions required in emergency situations.

(d) Administration of basic first aid.

(e) Certification in CPR in accordance with the recommendations of the certifying health organization.

(f) Recognition of the signs and symptoms of mental illness, violent behavior and acute chemical intoxication and withdrawal.

(g) Procedures for inmate transfers to appropriate medical facilities or health care service.

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(h) Suicide recognition, prevention and intervention techniques.

All records of the training provided, testing procedures and the results, and certificates achieved shall be maintained in each qualified health care professional’s training file in accordance with established records retention schedules. The Responsible Physician should be bound by similar requirements in the contractual language between the Office and the vendor.

704.7 AUTOMATED EXTERNAL DEFIBRILLATORS

The Responsible Physician or the authorized designee is responsible for ensuring that an AED is available in the facility and that all staff members are trained in its use. The AEDs shall be inspected and tested at a frequency consistent with the manufacturer’s recommendations to ensure functionality.

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Health Care for Pregnant Inmates

705.1 PURPOSE AND SCOPE

The purpose of this policy is to establish prenatal and postpartum health care services for inmates who are pregnant. Services may include assistance recovering from the effects of potentially unhealthy lifestyles, which could include tobacco use, alcohol and drug abuse or addiction, and a lack of previous adequate medical care. Because of unhealthy lifestyle choices prior to incarceration, many inmate pregnancies are classified as high risk. This policy is intended to protect the health of the pregnant inmate and her fetus.

705.2 POLICY

It is the policy of this office that a qualified health care professional should provide comprehensive prenatal and postpartum care for all pregnant inmates during their incarceration, which includes but is not limited to the following:

- Pregnancy testing
- Prenatal care, both routine and high-risk if needed
- Management of drug- or alcohol-addicted pregnant inmates
- Comprehensive counseling and assistance services
- Nutrition modification for term of pregnancy and lactation
- Birthing in an appropriate setting
- Postpartum care
- Family planning education and services
- Access to privately funded pregnancy alternative options

A qualified health care professional shall provide counseling and information to pregnant inmates regarding planning for their unborn child.

705.3 BOOKING - PREGNANCY SCREENING

When booking a female inmate, the following steps shall be taken:

(a) All females shall be asked if they are pregnant. If the inmate states she is pregnant, a confirming urine test should be performed within 48 hours and documented in the medical record.

(b) Pregnant inmates who are under the influence of or withdrawing from alcohol or other substances should be referred to a nurse, if available, or other available resource.

(c) The Responsible Physician, in collaboration with facility staff, shall ensure the appropriate clinic visits are scheduled.

(d) A medical record should be opened with a notation indicating pregnancy.

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(e) The inmate should be interviewed by a qualified health care professional for the following information, which should be written in the medical record:

1. Last menstrual period (LMP)
2. Estimated date of conception (EDC)
3. Estimated due date (40 weeks from EDC)
4. Number of pregnancies (Gravidity)
5. Number of live births (Parity)
6. Therapeutic abortions (TAB)
7. Spontaneous abortions (SAB), aka miscarriages
8. Prenatal care history
9. Current medications
10. Any current adverse symptoms: vaginal bleeding or discharge, abdominal cramping or pain (if yes, notify on-site or on-call physician)
11. High-risk factors if known: drug or alcohol use/abuse, smoking, previous pregnancy problems, other medical problems (cardiac, seizures, diabetes/DM, hypertension/HTN)
12. If recent heroin or methadone use is identified, notify the on-site or on-call physician for orders.

(f) Each pregnant inmate should have:

1. A completed medical recommendation form for a low bunk assignment, in a lower tier, with no waist chains, as appropriate.
2. A completed special diet form ordering a pregnant diet.
3. Prenatal vitamins prescribed at one per day for the duration of the pregnancy.
4. An appointment at the next available obstetric clinic if the inmate is 10 or more weeks gestation.

705.4 HOUSING

Inmates who are known to be pregnant may be housed in any unit appropriate for their classification.

705.5 COUNSELING AND TREATMENT

The Office will provide all necessary counseling and treatment to pregnant inmates to ensure they are receiving the proper care. To accomplish this, the following shall occur:

(a) The directions of the obstetric specialist shall be followed throughout the pregnancy and postnatal period. No non-medical staff has the unilateral authority to change or overrule an order or care recommendation made by the Responsible Physician. The Chief Jail Administrator and Responsible Physician shall develop a process by which perceived conflicts between medical orders/recommendations and safety and security

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interests of the correctional facility can be discussed and resolved. Ultimately, the correctional facility must provide adequate treatment for an inmate's medical needs.

(b) The Responsible Physician shall be consulted immediately if a patient is under 10 weeks gestation and has medical concerns.

(c) Any pregnant inmate with medical problems that occur between scheduled obstetric appointments shall be seen by a qualified health care professional. If the qualified health care professional assesses the problem as urgent and a physician is not available on-site, the inmate shall be sent to the hospital for evaluation.

(d) The inmate shall be advised to notify health-trained staff immediately of the following:

1. Vaginal bleeding
2. Acute, persistent abdominal or pelvic pain and/or severe cramping
3. Leaking fluid
4. Decreased or no fetal movement
5. Headache or blurred vision
6. Rapid weight gain with swelling (edema)
7. Abnormal vaginal discharge
8. Symptoms of a urinary tract infection (UTI)
9. Fever

(e) Postpartum examinations and additional appointments shall be scheduled by the obstetric clinic as needed.

(f) Upon request of the inmate, reasonable efforts should be made to provide midwifery or doula services to inmates who are pregnant or who have given birth within the last six weeks (RCW 70.48.135).

705.6 RESTRAINTS

Inmates who are known to be pregnant or who are in labor shall not be placed in restraints except as provided in the Use of Restraints Policy.

705.7 ABORTIONS

Inmates who wish to terminate their pregnancy shall be referred to outside counseling services for further information regarding available options. The Office shall not impede the woman's access to abortion counseling or services and shall provide necessary transportation and supervision to such services. Any financial obligations will be the responsibility of the inmate. These rights will be posted in all areas that house female inmates.

705.7.1 STAFF INVOLVEMENT

Staff members who object to facilitating an inmate's elective abortion (including arranging, transporting, security) should not be required to perform such duties.

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705.8 PRESENCE DURING LABOR AND DELIVERY

Members are not permitted in the room during labor or childbirth unless requested by medical personnel. Should medical personnel request the presence of a member of the facility, a female member should respond, if practicable (RCW 70.48.500(4)).

705.9 PROGRAM ASSIGNMENTS

Pregnant inmates are exempt from work details as determined by the health authority.

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Inmate Medical Fees

706.1 PURPOSE AND SCOPE

The purpose of this policy is to provide facility staff and qualified health care professionals with the information necessary to educate newly processed inmates on the procedures and their responsibilities for inmate medical fees at the time of intake.

706.2 POLICY

It is the policy of this office that all individuals booked into and held at the facility shall be informed of the guidelines associated with inmate medical fees. All inmates will be advised of the guidelines in writing during the orientation. This information will be conveyed in a language that is easily understood by the inmate.

The inmate medical fee shall be waived for any service that is initiated by medical staff, including follow-up appointments, mandated health screening, work clearance, chronic care and mental health care.

It is the policy of this office that necessary medical services will not be denied or delayed because of disputes over the cost of medical care or a determination of financial responsibility (RCW 70.48.130).

706.3 INMATE MEDICAL FEE GUIDELINES

(a) Inmate initiated medical visits will result in a fee to the inmate of five dollars per visit.

(b) Medical staff will complete a log of medical fee charges and forward the log daily to the custodial administration. The inmate's account will then be debited five dollars for the inmate medical fee. The inmate shall be provided treatment regardless of his/her ability to pay the fee.

(c) The following inmate health services shall be exempt from medical fees:

1. Intake medical screening
2. Health appraisals (14-day physicals)
3. Public health evaluations
4. Prenatal services and all services related to pregnancy
5. Public health programs that are funded by other sources
6. Laboratory and diagnostic services
7. Life-threatening emergency services
8. Follow-up monitoring of chronic health conditions (e.g. hypertension services, seizure monitoring, medication monitoring)
9. Educational information on the inmate's condition

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10. When an assault requires medical attention

Any incident of an inmate refusing medical treatment or causing a disruption in the delivery of health care services shall be documented in an incident report. The original incident report shall be forwarded to the Responsible Physician and a copy sent to the Chief Jail Administrator.

706.4 FEE APPEAL PROCESS

Inmates charged for health services shall be permitted to challenge the fee in accordance with the Inmate Grievances Policy.

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Health Authority

707.1 PURPOSE AND SCOPE

The purpose of this policy is to establish the responsibility of the health authority as arranging for all levels of health services, assuring the quality of all health services, identifying lines of medical authority for the inmate health program and assuring that inmates have access to all health services.

The policy also establishes properly monitored processes, policies, procedures and mechanisms to ensure that the contracted scope of services is adequately and efficiently delivered.

The health authority is defined as the Responsible Physician, health services administrator or health agency responsible for providing all heath care services or coordinating the delivery of all heath care services (see the Health Care Administrative Meetings and Reports Policy).

707.2 POLICY

The health authority is responsible and accountable for all levels of health care, and has the final authority regarding clinical issues within this correctional facility. The health authority is responsible for establishing, implementing and annually reviewing/revising policies for all clinical aspects of the health care program and for monitoring the appropriateness, timeliness and responsiveness of care and treatment. The health authority also approves all medical decisions and protocols.

707.3 SELECTION PROCESS

The Sheriff or the authorized designee shall select a health authority using an existing office procurement or selection process. The individual or organization selected shall be designated as the health authority for inmate health care on behalf of the facility.

Aside from any monetary or term considerations, the contract between the Office and the selected individual or organization shall minimally include:

(a) Language establishing the scope of services being contracted and the type of health care service needed.

(b) Job descriptions, minimum qualifications and performance expectations for contract personnel.

(c) Language requiring the contractor to develop appropriate measures and review processes for assessing the quality, effectiveness and timeliness of the services provided and periodically reporting those findings to the facility.

(d) Identification of a Responsible Physician, who shall serve as the medical authority on treatment matters requiring medical expertise and judgment.

(e) Language regarding the minimum frequency that the health authority shall be present at the facility.

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(f) The roles and responsibilities of staff in ensuring that the contractor may adequately deliver services in a safe and secure environment.

(g) A written plan for coordinating medical care from multiple health care services.

(h) A written plan for the collection and maintenance of inmate health records that is compliant with the Health Insurance Portability and Accountability Act (HIPAA).

(i) Identification of a dispute resolution process for the contracted parties and for inmates who may be questioning treatment plans.

(j) Language and a plan addressing issues of liability and indemnification for issues related to inmate health care.

The health authority shall be authorized and responsible for making decisions about the deployment of health resources and the day-to-day operation of the health services program. If the health authority is other than a physician, any final clinical judgments shall rest with a single, designated, Responsible Physician.

The health authority or the authorized designee will meet at least monthly with custody representatives to discuss the health care program and any issues that require correction or adjustment.

Security regulations are applicable to facility staff and health care personnel.

707.4 PROVISION OF HEALTH CARE

The health authority is responsible for arranging the availability of health care services. The qualified health care professionals should determine what medical services are needed on a case-by-case basis. The Chief Jail Administrator shall provide the administrative support for making the health care services available to inmates. Clinical decisions are the sole province of the qualified health care professionals and should not be countermanded by non-health care professionals.

If routine health services are provided by medical personnel outside this facility, all office policies regarding treatment, transfer, transportation or referral of emergencies shall be followed.

The health authority is responsible for ensuring that the health services manual complies with all applicable state and federal law and that a review is conducted annually. An annual audit of the quality and adequacy of health care services should be done, with corrective action taken when deficiencies are identified.

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Health Appraisals

708.1 PURPOSE AND SCOPE

The purpose of this policy is to establish the process for conducting health appraisals on all inmates following their arrival at this facility and for the continuity of care for inmates who remain in custody for extended periods. Further, it is to ensure the inmate's health care needs are met and that health care started at one facility continues as needed.

708.2 POLICY

It is the policy of this office that all inmates will receive a comprehensive health appraisal within 14 days of incarceration unless there is documented evidence that the inmate has received a health appraisal within the previous 90 days. In addition to the initial health appraisal, the inmate should have an annual evaluation to reassess his/her health status and to provide access to preventive medicine through education and lifestyle programs.

708.3 INITIAL HEALTH APPRAISAL

(a) Qualified health care professionals shall have access to the daily inmate roster. From this, they can determine who needs a health appraisal and hands-on physical evaluation. The health appraisal should include:

1. A review of earlier medical screening information.
2. Administration of a skin test for tuberculosis (TB).
3. Recording of height and weight.
4. Recording of vital signs (blood pressure, pulse, respiration rate and temperature).
5. Ordering other tests or examinations as appropriate.
6. The collection of any additional data needed to complete medical, dental, psychiatric and immunization histories

(b) Inmates shall be scheduled for a hands-on physical evaluation by a qualified health care professional (physician, mid-level practitioner or registered nurse) within 72 hours of arrival at the correctional facility. The evaluation shall include:

1. Review of the medical screening.
2. Review of the health history questionnaire.
3. Review of all vital signs and TB skin screening.
4. A medical examination, including a review of mental and dental status.
5. Initiation of treatment or therapy, as appropriate.
6. Development and implementation of a treatment plan, including recommendations for housing, job assignment and program participation.

The Responsible Physician shall review and authorize all urgent health appraisals within 72 hours.

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708.3.1 OPIOID USE DISORDER

Individuals who are experiencing an opioid use disorder will be provided with opioid treatment medications pursuant to the procedures developed by the health authority and in compliance with the requirements of RCW 71.24.599.

Prior to the release of the inmate receiving opioid treatment medication, the health authority will connect the inmate to an appropriate provider or treatment site in the geographic region where the inmate will reside. If a connection is not possible, the health authority should document the efforts made in the inmate’s file (RCW 71.24.599).

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Healthy Lifestyle Promotion

709.1 PURPOSE AND SCOPE

The purpose of this policy is to affirm the Office's commitment to promote healthy lifestyle choices by inmates by providing health education and inmate self-care learning opportunities that include classes, audio and video presentations and brochures and pamphlets.

709.2 POLICY

This office will encourage inmates to maintain a healthy lifestyle by providing health education and wellness information.

709.3 HEALTH CARE ENCOUNTERS

During health care encounters, the qualified health care professionals should instruct inmates at the time service is rendered on how to avoid preventable diseases, such as athlete's foot, flu and the common cold, tooth decay and sexually transmitted diseases. Such instruction should be documented in the health record. Documentation should include the topics discussed, the written materials provided, if any, and that the inmate acknowledged an understanding of the information.

Informative brochures from various health organizations should also be available to inmates in the medical unit.

Following are examples of appropriate topics for inmate education:

- Access to health care services
- Dangers of self-medication
- Personal hygiene and dental care
- Prevention of communicable diseases
- Education, smoking cessation
- Family planning
- Self-care for chronic conditions
- Self-examination for health concerns
- The benefits of physical fitness
- Chronic diseases and disabilities
- Counseling in preparation for release
- Domestic violence
- Medications
- Nutrition
- Sexually transmitted diseases

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- Substance abuse
- Tuberculosis

709.4 GENERAL HEALTH PROMOTION INFORMATION

Whenever possible, written materials, audio and video presentations should be made available to inmates for educational purposes. These materials are often available in bulk quantity through the public health department and other community-based organizations.

All items intended for distribution to the inmate population shall be approved by the Chief Jail Administrator to avoid any conflict with rules regarding contraband in the facility.

Classes should also be conducted to inform the inmate on various healthy lifestyles. Class schedules should be posted in advance, curriculum and lesson plans developed and attendance rosters maintained.

All documentation regarding health education and inmate self-care should be retained in inmate medical files in accordance with established records retention schedules. Statistics on program offerings and attendance may be used to determine program effectiveness and interest.

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Transfer Screening

710.1 PURPOSE AND SCOPE

This policy recognizes that inmates are frequently transferred within the correctional authority's system and to facilities outside the system. This policy establishes a process for medical screening of transferred inmates to ensure continuation of care and to avoid unnecessary diagnostics.

710.2 POLICY

It is the policy of this office that inmates who are transferred to another correctional facility, correctional system or health care facility will be screened prior to transfer. Medical needs of the inmate will be clearly communicated to the receiving facility, including the ongoing treatment plan, scheduled surgeries and outside appointments.

Inmates who are transferred to other facilities shall be sent with a discharge summary that includes information about the inmate's medical and mental health condition, the current treatment plan and any medications, if needed.

710.3 TRANSFERS

Inmates being transferred to another correctional or health care facility should be medically screened prior to transfer as described below.

The medical screening should include:

(a) A determination of whether the inmate is being treated for a medical, mental health or dental problem.

(b) A determination of whether the inmate has any apparent, current medical, mental health or dental needs or complaints (RCW 70.48.245).

(c) What medication, if any, the inmate is presently prescribed.

(d) Whether the inmate has any evidence of abuse or trauma.

(e) Whether the inmate has any physical deformities or special daily living assistance needs.

(f) Whether the inmate has any pending follow-up appointments or requirements.

Completed discharge summaries, including the medical screening results, shall accompany inmates being transferred to another jurisdiction to ensure that the receiving health care service can assume and continue necessary care. A release of information authorization is not required.

Receiving facility's requests for medical records should be supplied within five working days.

The discharge summary and any related medical records being transferred shall be placed in a file or envelope that maintains the confidentiality of the inmate's medical information. The transporting personnel shall be provided separate written instructions regarding medication or health interventions, including necessary precautions that are required en route. The transporting

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personnel shall also document on the transfer log the date, time and name of the person receiving the inmate and the medical records.

710.3.1 EXTENDED TRANSPORTATION OF INMATES

When an inmate will be in transfer status for several days and housed temporarily at various custody facilities along the way, a medical transfer packet shall be prepared by the qualified health care professional in a form that will advise the temporary housing facilities of any medical needs of the inmate. When medically appropriate, a small supply of medication should be provided with the medical transfer packet so it will be available to the temporary housing facility as needed.

710.4 RECEIVING TRANSFERRED INMATES

Where an inmate being transferred to this facility arrives without a full and comprehensive medical transfer packet from another facility, the inmate shall be medically screened and receive a comprehensive health appraisal, in accordance with the Medical Screening Policy and Health Appraisals Policy. The medical department of the sending facility should be promptly contacted to determine if the transferred inmate has any medical needs that require immediate attention or any scheduled surgeries or appointments with community health care services. Arrangements should then be made with the sending facility for the delivery of a more detailed review of the inmate's medical needs.

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Medical Screening

711.1 PURPOSE AND SCOPE

The purpose of this policy is to establish a medical screening process for newly booked inmates so that medical, mental health and dental issues are properly identified and addressed, and to obtain a medical clearance when necessary.

711.2 POLICY

It is the policy of this office that a medical screening be performed on all inmates upon arrival at the intake area to ensure that existing, emergent and urgent health care, dental or mental health needs are identified, risks are assessed and inmates with contagious and communicable diseases are properly classified and housed for their health and the health of the general population.

711.3 ELEMENTS OF MEDICAL SCREENING

The medical screening shall be performed by health services personnel when available, but may also be performed by health-trained correctional staff. The Responsible Physician, in cooperation with the Chief Jail Administrator, shall establish protocols for use by health-trained correctional staff during the medical screening. All completed medical screenings should be forwarded to the Responsible Physician. A review of any positive finding shall be performed by a qualified health care professional.

Regardless of training, no inmate should be allowed to conduct health care evaluations or provide treatment to any other inmate.

All inmates shall complete a medical screening as part of the booking process. If an arrestee refuses to cooperate with the medical screening, the screener will complete as much of the health assessment as reasonably possible and the arrestee will be closely observed until he/she cooperates with the remainder of the screening process.

The Responsible Physician should work cooperatively with the Chief Jail Administrator to develop the medical screening forms, which should be applicable for general health, mental health and suicide screening purposes. The forms should be completed no later than 24 hours after the arrival of an inmate but prior to an inmate being housed in the general population. All medical screening forms shall be forwarded to the medical unit, and the qualified health care professionals shall be alerted to those that need priority attention.

711.3.1 MEDICAL SCREENING INQUIRY

The medical screening inquiry should include a review of the inmate's prior correctional facility medical record, if any, and document the following:

- History of any infectious or communicable diseases that are considered serious in nature; current symptoms, treatment, or medications; chronic illness or health issues, including communicable diseases and any special health requirements and/or dietary needs
- Acute dental problems

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- Past and recent serious communicable disease symptoms (e.g., chronic cough, coughing up bloody sputum, lethargy, weakness, weight loss, loss of appetite, fever, night sweats)
- Mental illness, including psychiatric hospitalizations within the last three months
- Gender issues
- History of or current suicidal ideation
- Acute allergies
- History of or current prescription or illegal drug use, including the time of last use
- History or current symptoms of substance abuse withdrawal
- Current, recent, or suspected pregnancy; any history of gynecological problems; and present use and method of birth control
- Appearance or history of developmental disability, body deformities, or other physical abnormalities
- Other health issues as identified by the Responsible Physician

The medical screening shall also seek general information about the inmate's ability to pay for medical care, including insurance or other medical benefits or resources to which an inmate is entitled (RCW 70.48.130).

Qualified health care professionals should assist in developing specific mental health medical screening questions and should provide training in analyzing inmate responses. The Responsible Physician should establish the role of the qualified health care professional in the medical screening process.

Should the medical screening identify a need for a more comprehensive medical assessment of the inmate, a qualified health care professional should initiate appropriate follow-up action, which may include transporting the inmate to an off-site medical facility.

711.3.2 MEDICAL SCREENING OBSERVATION

The staff member completing the medical screening shall document the following observations:

(a) Appearance (e.g., sweating, tremors, anxious, disheveled)

(b) Behavior (e.g., disorderly, appropriate, insensible)

(c) State of consciousness (AVPU):

1. Alert - spontaneously responsive
2. Verbal - requires verbal stimulation to respond
3. Pain - requires painful stimulation to respond
4. Unresponsive - does not respond

(d) Ease of movement (e.g., body deformities, gait)

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(e) Breathing (e.g., persistent cough, hyperventilation)

(f) Skin (e.g., lesions, jaundice, rashes, infestations, bruises, scars, recent tattoos, needle marks or other indications of drug abuse)

(g) Any other observable health symptoms

The Chief Jail Administrator and the Responsible Physician should develop a procedure through which it can be reliably determined what prescription medications the inmate is taking and the medical urgency for continuing those medications without interruption.

711.3.3 DOCUMENTATION
Written documentation of the medical screening should include the name of the screener, the date and time and the following information:

- Immediate or scheduled referral to a medical, dental or mental health professional
- Guidance regarding housing placement, including disciplinary detention if necessary
- Guidance regarding activity limitations and work assignment
- The inmate's responses to questions asked by the interviewer
- Other individualized observations and recommendations

The initial medical screening should become part of the inmate’s medical record and should be retained in accordance with established records retention schedules.

711.4 MEDICAL SCREENING DISPOSITIONS

Persons who are brought to the facility who are obviously in need of immediate medical attention shall be referred to a medical facility room for a medical clearance. Medical conditions that require a medical clearance include but are not limited to the following:

- Unconsciousness
- Uncontrolled bleeding
- Significant injuries from a motor vehicle accident
- Significant injuries from an altercation
- Significant injuries from handcuffs or other restraint devices
- Knife wounds, gunshot wounds, or lacerations
- Exposure to pepper spray, Conducted Energy Weapon deployment, or blunt-force trauma during arrest
- Intoxication to a degree that the individual cannot speak coherently or stand or walk unaided
- Recent drug overdose
- Suspected or known complications of pregnancy

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- Active seizures
- Suspected or known complications of diabetes
- Exhibiting behavior indicating a potential danger to themselves or others
- Active tuberculosis or other serious contagious diseases
- Actively suicidal
- Any other medical condition, which, in the opinion of the booking personnel, should be urgently referred for evaluation by medically trained personnel

Inmates with these medical conditions are not suitable for admission to the facility until medically cleared by a qualified health care professional. This office requires medical clearance from an outside entity when such inmates are identified.

Medical clearance documentation shall include the medical diagnosis, treatment received at the emergency medical facility, any medications prescribed, any ongoing medical requirements, and any follow-up medical care that may be indicated before the arrestee is accepted for booking.

The Chief Jail Administrator is responsible for notifying local police agencies and medical facilities of the correctional facility admission refusal policy and the required clearance documentation.

Based upon the information obtained during the screening process, the classification disposition of the inmate shall be one of the following:

- General population, or other appropriate cell assignment
- General population, or other appropriate cell assignment, and timely referral to appropriate health care services
- Immediate referral to health care services prior to housing

711.5 HEALTH APPRAISAL

Generally, a comprehensive health appraisal should occur within 14 days of booking (see the Health Appraisal Policy). However, when it is appropriate and based on an inmate’s health condition, an early health appraisal should be recommended. An inmate may also be cleared for housing in general population with a prompt referral to the appropriate health care services when it is in accordance with the inmate’s overall classification. Upon the identification of a mentally disordered inmate, a physician's opinion will be secured within 24 hours, or next sick call, whichever is earliest.

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Mental Health Services

712.1 PURPOSE AND SCOPE

The purpose of this policy is to ensure that all inmates have access to mental health services and that inmates identified as needing these services are referred appropriately.

712.1.1 DEFINITION

Definitions related to this policy include:

Mental health services - A variety of psycho-social and pharmacological therapies, either individual or group, including biological, psychological and social therapies to alleviate symptoms, attain appropriate functioning and prevent relapse.

712.2 POLICY

It is the policy of this office that a range of mental health services shall be available for any inmate who requires them.

712.3 MENTAL HEALTH SERVICES

The Chief Jail Administrator should collaborate with the local public and private organizations that offer mental health services, treatment and care to those inmates in need of such services.

Such services may include:

- Assistance with mental health screening, diagnosis and care, including intake screening.
- Referral to services for the detection, diagnosis and treatment of mental illness and follow-up care after release from custody.
- Crisis intervention and the management of psychiatric episodes.
- Stabilization of the mentally ill and the prevention of psychiatric deterioration in the correctional setting.
- Psychotropic medication management and psychotherapy.
- Suicide prevention.
- Segregation rounds by qualified health care professionals.
- Treatment of severe adjustment disorders.
- Referral, transportation and admission to licensed mental health facilities for inmates whose psychiatric needs exceed the treatment or housing capability of the facility.
- Obtaining and documenting informed consent.
- Release planning services.

712.4 BASIC MENTAL HEALTH SERVICES

Inmates may be referred to qualified health care professionals through a variety of methods, which include the medical screening process, the mental health appraisal process and self-referral or

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staff referral. Qualified health care professionals should respond to all referrals in a timely manner and initiate the appropriate treatment services.

(a) If the inmate has received previous mental health treatment, the inmate should be asked to complete a release of information form so his/her treatment records can be obtained.

(b) Inmates who have been determined to be in need of ongoing mental health services after their release from this facility should be provided with information about community mental health treatment resources. Arrangements for more comprehensive mental health care may be made, if appropriate.

(c) Inmates who are identified as being developmentally disabled should be evaluated for special housing needs. The qualified health care professional should work in cooperation with classification personnel to establish the best reasonably available housing option.

(d) Inmates who are suspected or known to be developmentally disabled should receive a mental health appraisal by the qualified health care professional or health-trained deputies as soon as reasonably practicable but no later than 24 hours after booking. Inmates who are developmentally disabled should be referred, where appropriate and available, for placement in non-correctional facilities or in units specifically designated for housing the developmentally disabled.

(e) Inmates enrolled in mental health treatment, including psychiatric medication management, should be provided information regarding the risks and benefits to treatment. Informed consent documents should be signed by the inmate to establish his/her consent to treatment. The signed forms should be placed in the inmate’s health record and retained in accordance with established records retention schedules.

(f) A treatment plan should be established for all inmates enrolled in mental health services.

1. Psychiatric and special needs treatment plans shall be reviewed every 180 days, at a minimum. Inmates taking psychotropic medication should be seen by a psychiatrist at least every 90 days. Inmates classified as requiring mental health special needs should be seen at least monthly by a qualified health care professional.

2. Inmates enrolled in other ongoing forms of mental health treatment should have treatment plan updates completed every six months, at a minimum.

3. Inmates who present to the qualified health care professional as having notable difficulty adjusting to the correctional environment, but who are not diagnosed with a serious mental illness, should be evaluated for the appropriateness of mental health treatment. Consideration should be given to the qualified health

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care professional and the facility staff working together to address the issues that may be affecting the inmate's ability to adjust to incarceration.

(g) The qualified health care professional should utilize a site-specific suicide prevention program to ensure the safety of inmates who present with a risk of self-harm.

1. Qualified health care professionals should be assigned to daily rounds in the segregation unit to determine the mental health status of inmates housed there.
2. Segregated inmates may be referred by the correctional facility staff to qualified health care professionals for follow-up if concerns arise regarding their ability to function in disciplinary detention.

(h) If the qualified health care professional has concerns about the level of mental health services that are required to manage an inmate housed in the facility, the health authority shall be notified and the Responsible Physician shall be the decision-maker regarding the health care needs of the inmate.

1. The Responsible Physician may consult with a psychiatrist, specialist or other health care service in determining whether the inmate should be transferred to a facility that is better equipped to handle the inmate's psychiatric needs.
2. The Responsible Physician should notify the Chief Jail Administrator of the request to transfer the inmate for medical treatment.
3. The case review and disposition of the patient should be documented in the inmate's health record and retained in accordance with established records retention schedules.

Inmates determined to be in need of substance abuse treatment services should be informed of the facility programs available and shall be provided information about community substance abuse treatment resources.

712.5 COMPETENCY EVALUATIONS AND RESTORATION SERVICES

The Chief Jail Administrator shall ensure competency evaluators have reasonable, timely, and appropriate access to inmates for the purpose of performing their evaluations (RCW 10.77.625).

If an offer of admission for competency evaluation or restoration services is received for an inmate, the Chief Jail Administrator shall ensure the inmate is transported to a facility designated by the Washington Department of Social and Health Services within one day of receipt (RCW 10.77.625).

712.6 FORENSIC NAVIGATOR FOR COMPETENCY EVALUATIONS

When a court-appointed forensic navigator requests access to an inmate referred for a competency evaluation, the Chief Jail Administrator shall provide access within 24 hours of the request. The Chief Jail Administrator shall also provide relevant information relating to the inmate within 72 hours of a request for records (RCW 10.77.615; WAC 388-875-0200; WAC 388-875-0210).

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712.7 CLINICAL INTERVENTION SPECIALISTS

The Chief Jail Administrator or the authorized designee shall allow clinical intervention specialists access to inmates, and those inmates' health and conduct records, who have been referred for competency evaluation or restoration services by the Department of Social and Health Services (RCW 10.77.680).

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Mental Health Screening and Evaluation

713.1 PURPOSE AND SCOPE

The purpose of this policy is to establish the process by which all inmates receive an initial mental health screening by custody staff using an instrument developed by qualified health care professionals. The initial mental health screening takes place at the time of booking, and is for the safety of the inmate and the general population. It helps the custody staff to make appropriate classification and housing decisions and to ensure that the treatment and intervention needs of the inmate are met.

713.2 POLICY

It is the policy of this office that all individuals booked into the facility shall receive an initial mental health screening by custody staff. A more comprehensive medical appraisal shall be conducted within the first 14 days of incarceration to confirm the initial findings and to ensure that, if needed, an appropriate treatment plan that meets the individual needs of the inmate is in place.

713.3 PRE-MENTAL HEALTH SCREENING

The initial screening is designed to identify whether mental health conditions exist that require immediate or ongoing intervention. The screening shall be performed prior to the inmate being placed in general housing. The Booking Deputy will utilize the Correctional Mental Health Screening in Spillman. Once the screening is completed the Booking Deputy will provide the mental health professional with a copy for tracking and follow up purposes. During the screening process Deputies have the ability to override low scoring inmates into a urgent referral for mental health services based off their judgment. There will be some instances where inmates do not cooperate with the screening process which may lead Deputies to have concern for an inmates well being. The following reasons are examples of when a Deputy may override the screening score for an immediate referral;

(a) any statement indicating thoughts of self-harm

(b) if the inmate is agitated

(c) if the inmate reports hearing voices

(d) if the inmate acts disoriented or paranoid

(e) if the inmate is withdrawn, anxious, loss of appetite

(f) if the inmate appears to be manic, difficulty staying focused, rapid speech or rapid motor activity

This information shall be recorded on the mental health booking assessment. It will become part of the inmate's health record and be retained in accordance with established records retention schedules.

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713.4 MENTAL HEALTH APPRAISAL

All new inmates shall receive a mental health appraisal by a qualified mental health professional. The appraisal timeline will be based off of the mental health booking assessment. Inmates scored as an urgent referral will be evaluated within 24-72 hours, Inmates scored as a routine referral will be evaluated within 14 days., unless documentation exists that an appraisal has been completed within the previous 90 days. Mental health appraisals should include, but not necessarily be limited to the following assessments:

- Mental health status
- Suicide potential
- Violence potential
- Previous psychiatric treatment
- Any history of treatment with psychotropic medication or antidepressants
- Substance abuse or treatment for substance abuse
- Educational history
- Sexual abuse victimization (28 CFR 115.81)
- Predatory behavior or perpetrated sexual abuse (28 CFR 115.81)

Following the appraisal, the qualified mental health professional shall develop a treatment plan for the inmate and make recommendations regarding the inmate's housing, job assignment and program participation.

713.5 MENTAL HEALTH REFERRALS

Qualified mental health staff should administer a complete and thorough evaluation of inmates referred for treatment as soon as practicable, but no later than 14 days from the referral. The evaluation should include:

- Review of the inmate's screening and appraisal information.
- Observations of the inmate's behavior.
- Information gathered from interviews and testing to determine the inmate's mental health condition, intellect, personality, problems and ability to deal with a custody environment.
- Collection of the inmate's mental health history.

Following the evaluation, a plan of treatment and maintenance, which may include a complete psychological evaluation, should be developed to meet the inmate's needs.

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Special Needs Medical Treatment

714.1 PURPOSE AND SCOPE

This purpose of this policy is the proper treatment and management of inmates with chronic diseases and special needs. This is accomplished by utilizing nationally recognized, generally accepted clinical guidelines and establishing communication between qualified health care professionals and custody personnel.

714.1.1 DEFINITIONS

Definitions related to this policy include:

Chronic disease - An illness or condition that affects an individual's well-being for an extended interval, usually at least six months, and generally is not curable but can be managed for optimum functioning within any limitations the condition creates in the individual.

Chronic disease program - The inmate has regular clinic visits during which a qualified health care professional monitors the medical condition and adjusts treatment as necessary. The program also includes patient education for symptom management.

714.2 POLICY

It is the policy of this office that all individuals identified as having chronic diseases or special needs are enrolled in a chronic disease program to decrease the frequency and severity of the symptoms, prevent disease progression and complication, and foster improved function.

When a qualified health care professional recognizes that an inmate requires accommodation due to a special need, custody personnel should be notified in writing. Consultation between the qualified health care professional and custody personnel should occur regarding the condition and capabilities of inmates with known special needs prior to a housing, work or program assignment, transfer to another facility or the imposition of disciplinary action.

Qualified health care professionals shall furnish special needs information regarding inmates to custody personnel in order for them to accurately classify and house inmates in the facility. It is the responsibility of the Chief Jail Administrator or the authorized designee to ensure that inmates with special needs are receiving the proper care and that their needs are effectively communicated to custody staff for appropriate accommodation.

714.3 CLINICAL PRACTICE GUIDELINES

The Responsible Physician or the authorized designee is responsible for establishing and annually reviewing clinical protocols to ensure consistency with the National Clinical Practice Guidelines.

The clinical protocols for the management of chronic disease and special needs include, but are not limited to:

- Asthma
- Communicable diseases

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- Developmentally disabled inmates
- Diabetes
- Dialysis
- Frail or elderly inmates
- High blood cholesterol
- HIV
- Hypertension
- Mental illness
- Mobility impairments
- Pregnancy
- Seizure disorder
- Suicidal ideation
- Terminally ill
- Tuberculosis

714.4 DOCUMENTATION

Documentation in an inmate's medical record should include information regarding the chronic disease protocols deployed, who is responsible for the various protocols, the extent to which the chronic disease protocols are being followed and should include, but not be limited to:

- The frequency of follow-up for medical evaluation.
- How the treatment plan was adjusted when clinically indicated.
- The type and frequency of diagnostic testing and prescribed therapeutic regimens.
- The prescribed instructions for diet, exercise, adaptation to the custody environment and medication.
- Clinical justification of any deviation from the established protocol.

A master list of all chronic disease and special needs patients should be maintained by the Responsible Physician or the authorized designee.

714.5 CHRONIC CARE PROGRAM

(a) Newly incarcerated inmates shall receive a medical screening. This screening includes the documentation of any acute or chronic health problems or injuries, special needs, and any medications or treatments the inmate is currently receiving.

1. If the inmate has been incarcerated previously, his/her health records should be reviewed.

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2. A special authorization form should be completed and sent to the classification unit, the Shift Supervisor and the housing officer to ensure the inmate is properly housed.

3. Current medications being taken by the inmate should be verified and continued as deemed appropriate by the Responsible Physician.

4. A health assessment may be completed within 14 days of incarceration at the medical staff's initiation.

5. The status of a special needs inmate should be evaluated, at minimum, every 90 days to determine the need for the continued designation.

(b) The Chief Jail Administrator or the authorized designee and the Responsible Physician or the authorized designee should consult with one another prior to taking action regarding any special needs inmate with regard to housing, program or work assignments, disciplinary measures or transfers to other facilities.

1. When immediate action is required and prior consultation is not reasonably practicable, that consultation should occur as soon as practicable but no later than the regularly scheduled sick call post-action.

(c) Individual treatment plans are used to guide treatment for episodes of illness. The format for treatment planning may vary, but should include, at a minimum:

1. The frequency of follow-up for medical evaluation and adjustment of treatment modality.

2. The type and frequency of diagnostic testing and therapeutic regimens.

3. When appropriate, instructions about diet, exercise, adaptation to the correctional environment and medication.

(d) Reasonable effort should be made to obtain health information and records from previous health care services, with the consent of the inmate, when the inmate has a medical problem that was being treated prior to incarceration.

(e) Upon transfer to another correctional facility, a summary of the inmate's current condition, medications and treatment plan will be forwarded to the receiving facility in a sealed envelope to maintain inmate privacy.

(f) Requests for health information from community health care services must be submitted with the inmate's written consent. If the inmate does not consent, the community health care service may be advised that the person is an inmate and the health information may not be provided without the inmate's written consent.

(g) When inmates are sent out of this facility for emergency or specialty treatment, written information regarding the inmate's current medical status and treatment should accompany the inmate. Upon return to the facility, treatment recommendations from

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outside health care services should be reviewed by the Responsible Physician or the authorized designee for any changes in the custodial environment or in-house treatment plan.

(h) Inmates identified as developmentally disabled shall be considered for discharge planning services.

1. The local center for the developmentally disabled will be contacted within 24 hours of incarceration of an inmate suspected to be developmentally disabled.
2. Referrals will be made to the correctional facility's discharge planning specialist. If no such position exists, the need for transition planning should be noted on the treatment plan.

(i) With the inmate's written consent, the health services staff should:

1. Share necessary information with outside health care services.
2. Arrange for follow-up appointments.
3. Arrange for transfer of health summaries and relevant parts of the health record to health care services or others assisting in planning or providing for services upon release.

(j) Contacts with community providers should be documented via an administrative note in the patient's health record.

(k) Patients with serious mental health issues, including those receiving psychotropic medication, will be informed about community options for continuing treatment and provided with follow-up appointments when possible.

(l) Medications should be provided as appropriate.

(m) The Responsible Physician is responsible for ensuring that local site-specific procedures facilitate discharge planning.

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Communicable Diseases

715.1 PURPOSE AND SCOPE

This policy is intended to provide guidelines for facility staff to assist in minimizing the risk of contracting and/or spreading communicable diseases. The policy offers direction in achieving the following goals:

(a) Managing the risks associated with bloodborne pathogens (BBP), aerosol transmissible diseases (ATD) and other potentially infectious substances.

(b) Providing appropriate treatment for ill inmates while minimizing the risk of the spread of disease.

(c) Making decisions concerning the selection, use, maintenance, limitations, storage and disposal of personal protective equipment (PPE).

(d) Ensuring proper reporting to local, state and federal agencies.

(e) Establishing procedures for the identification, education, immunization, prevention, surveillance, diagnosis, medical isolation (when indicated), treatment and follow-up care for new inmates, and for inmates or employees who have contracted a communicable disease from an ill inmate.

(f) Providing appropriate treatment, counseling and confidentiality should an employee become exposed to a communicable disease.

(g) Protecting the privacy rights of all personnel who may be exposed to or contract a communicable disease during the course of their duties.

715.1.1 DEFINITIONS

Definitions related to this policy include:

Aerosol transmissible disease (ATD) - A disease or pathogen for which droplet (whooping cough, influenza, streptococcus) or airborne (measles, chickenpox, tuberculosis) precautions are required.

Aerosol transmissible disease (ATD) exposure - Any event in which all of the following have occurred:

- An employee has been exposed to an individual who has or is suspected to have an ATD, or the employee is working in an area or with equipment that is reasonably expected to contain aerosol transmissible pathogens associated with an ATD.
- The exposure occurred without the benefit of applicable exposure controls required by this section.
- It reasonably appears from the circumstances of the exposure that transmission of disease is likely sufficient to require medical evaluation.

Airborne precautions - These include the use of an Airborne Infection Isolation Room (AIIR) that meets the American Institute of Architects/Facility Guidelines Institute (AIA/FGI) standards for

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AIIRs, for infectious agents such as measles, chickenpox, and tuberculosis, in addition to medical personnel wearing masks or respirators.

Bloodborne pathogens (BBP) - Pathogenic microorganisms that are present in human blood and can cause disease in humans. These pathogens include but are not limited to hepatitis B virus (HBV), hepatitis C virus (HCV), and human immunodeficiency virus (HIV).

Bloodborne pathogen exposure - Includes but is not limited to the contact of blood or other potentially infectious materials with the eyes, mouth, other mucous membranes, non-intact skin, needle sticks, human bites, cuts, abrasions, or any contact with blood or bodily fluids that is synonymous with BBP exposure as defined by the federal Centers for Disease Control and Prevention (CDC).

Ectoparasitic infections - Parasites that live on the skin, such as lice (pediculosis) and scabies (sarcoptic mange). Both infections are communicable and may lead to secondary infections.

HBV - Hepatitis B

HIV - Human immunodeficiency virus

Medical isolation - Housing in a separate room with a separate toilet, hand-washing facility, soap, and single-service towels, and with appropriate accommodations for showering.

NIOSH - National Institute for Occupational Safety and Health

Nosocomial - Acquired during hospitalization. Nosocomial infections are infections that present 48 to 72 hours after admission to a hospital.

OSHA - Occupational Safety and Health Administration

Personal protective equipment (PPE) - Respiratory equipment, garments, gloves, and other barrier materials designed to reduce employee exposure to hazards.

Source control measures - The use of procedures, engineering controls, and other devices or materials to minimize the spread of airborne particles and droplets from an individual who has or exhibits signs or symptoms of having an ATD.

Standard precautions - Infection control practices used to prevent the transmission of disease that can be acquired by contact with blood, bodily fluids, non-intact skin (including rashes), and mucous membranes. Applies to all inmates receiving care, regardless of diagnosis or presumed infection status.

Universal precautions - A set of precautions designed to prevent transmission of HIV, HBV, and other BBP when providing first aid or health care.

715.2 POLICY

It is the policy of this office to maintain an effective program that focuses on the identification, education, immunization, prevention, surveillance, diagnosis, medical isolation (when indicated), treatment, follow-up and proper reporting to local, state and federal agencies of communicable

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diseases. The program is designed to ensure that a safe and healthy environment is created and maintained for all occupants of the facility.

715.2.1 EXPOSURE CONTROL OFFICER

The Chief Jail Administrator shall designate an Exposure Control Officer (ECO) who shall be responsible for:

(a) Establishing written procedures and a training program related to BBPs.

(b) Establishing written procedures and a training program related to ATDs.

(c) Establishing written procedures to comply with reporting requirements in the Washington Industrial Safety and Health Act (RCW 49.17.010 et seq.; WAC 296-800-110 et seq.).

(d) Working with the Chief Jail Administrator to develop and administer any additional related policies and practices necessary to support the effective implementation of an Exposure Control Plan.

(e) Acting as a liaison during OSHA inspections and conducting program audits to maintain a current Exposure Control Plan.

(f) Maintaining a current list of facility staff requiring training, developing, and implementing a training program, maintaining class rosters and quizzes, and periodically reviewing the training program.

(g) Reviewing and updating the Exposure Control Plan annually, on or before January 1 of each year.

Supervisors are responsible for exposure control in their respective areas. They shall work directly with the ECO and the affected employees to ensure that the proper procedures are followed.

715.2.2 PROCEDURES

The ECO shall be responsible for establishing, implementing and maintaining effective written procedures for the following:

(a) Incorporating the recommendations contained in the CDC’s “Respiratory Hygiene/ Cough Etiquette in Healthcare Settings.”

(b) Screening and referring cases and suspected cases of ATD to appropriate facilities within five hours of identification.

(c) Creating a multidisciplinary team, including the Responsible Physician, and security and administrative representatives, who will meet at least quarterly to review and discuss communicable disease issues and activities. The ECO shall retain minutes of these meetings in accordance with established records retention schedules. The ECO also shall coordinate with the local public health entity on appropriate policy and procedure.

(d) Conducting an assessment on the incidence and prevalence of tuberculosis (TB) within the facility’s population and the surrounding community. If the statistics indicate a risk, the ECO shall develop a written plan that addresses the management of TB, from testing to follow-up care.

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(e) Communicating with employees, other employers and the local health office regarding the suspected or diagnosed infectious disease status of referred inmates, including notification of exposed employees.

(f) Reducing the risk of ATDs through the Exposure Control Plan and reviewing the plan at least annually.

(g) Reducing the risk of exposure to BBPs (HIV, hepatitis).

(h) Providing a system of medical services for employees who may become exposed to communicable diseases during the course of their employment.

(i) Ensuring that all employees who have occupational exposure to communicable diseases participate in a training program at the time of their initial assignment, at least annually thereafter, and any time there is a change in working conditions.

(j) Making all exposure and treatment plans available for employees, employee representatives and NIOSH review.

715.3 COMMUNICABLE DISEASE PROGRAM COMPONENTS

715.3.1 SURVEILLANCE

Surveillance takes place throughout the period of the inmate's incarceration and is done in a variety of encounters and inspections. These should include, but are not limited to, the following:

(a) **Medical screening** - Each newly booked inmate should be evaluated for health care needs and signs and symptoms of infectious disease. The receiving screening includes questions regarding known symptoms of TB, HIV, sexually transmitted diseases (STDs) and HBV. The individual completing the medical screening should observe the inmate for obvious signs of infection.

(b) **Health assessment** - Inmates should have a health assessment within the first 14 days of incarceration. The health assessment process includes screening for symptoms of communicable disease. Inmates will have a Purified Protein Derivative (PPD) test or a chest X-ray for TB and a blood test for STDs. Voluntary HIV testing is provided based on identified risk.

(c) **Periodic health assessments** - Annual testing for TB should be performed on all inmates who are in the facility for one year or more.

(d) **Sick call and referrals** - At any time during incarceration an inmate may request to be evaluated for an infectious disease through the sick call process. Health and correctional staff can request that an inmate be evaluated if they notice any signs of potentially infectious disease.

(e) **Contact investigation** - When an inmate housed in the general population develops symptoms of an infectious disease, the Responsible Physician should work cooperatively with the Chief Jail Administrator or the authorized designee and the public health department to provide appropriate screening and testing of potentially exposed persons.

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(f) **Environmental health and safety inspections** - The health and safety of the facility environment should be inspected by the local public health entity and reported to the Chief Jail Administrator at least quarterly in a written report. Conditions identified as adversely affecting the health and safety of the inmates and/or employees or visitors should be promptly addressed and corrected.

715.3.2 IDENTIFICATION

Any inmate suspected of having a communicable disease will be evaluated by a qualified health care professional as soon as reasonably practicable. Inmates suspected of having communicable diseases will be appropriately isolated until disease confirmation and the period of communicability is determined. Long-term housing consideration will be based on the classification status as well as the behavior, medical needs and safety of inmates and staff. These inmates should be examined by a qualified health care professional within 24 hours. The instructions of the qualified health care professional regarding care of the patient and sanitizing of eating utensils, clothing and bedding shall be carefully followed.

715.3.3 TREATMENT

Qualified health care professionals shall provide care as directed by the Responsible Physician.

(a) The Responsible Physician and the Chief Jail Administrator should collaborate on treatment planning with the public health department, as appropriate.

(b) Complete documentation of the signs, symptoms, diagnostic results, treatment and outcome of care provided to inmates who are suspected or confirmed as having a communicable disease should be entered into the inmate’s health record.

715.3.4 COMMUNICATION

The Responsible Physician should ensure the following notifications are made whenever a communicable disease is identified:

(a) Notification to the public health authority of all reportable diseases and conditions should be made as soon as practicable. This is done by completing appropriate forms, and if necessary, contacting the public health department directly for situations of multiple spread occurrences.

(b) The Responsible Physician and the Chief Jail Administrator should be kept informed of any incidence of communicable disease.

(c) The Chief Jail Administrator should be apprised of any medical situation that raises the risk of disease level for inmates, correctional officers or any other staff members.

715.3.5 CONTINUOUS QUALITY IMPROVEMENT

A continuous quality improvement committee shall be formed consisting of the Responsible Physician, the Chief Jail Administrator or the authorized designee and a representative from the local public health entity. The purpose of the committee is to monitor infection control issues and evaluate infection control processes to ensure effectiveness.

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Monthly statistics should be collected by health care services and assembled into a report presented by the Responsible Physician or the authorized designee, detailing surveillance activities, disease identification and cases treated. The committee should meet quarterly and should discuss topics specific to infection control and communicable disease. Minutes of the meetings should be retained in accordance with established records retention schedules.

715.3.6 EMPLOYEE TRAINING

The Responsible Physician or the authorized designee shall provide education to all correctional staff who have contact with infected inmates during the initial employee orientation and annually thereafter. The Training Manager shall schedule this training and shall retain all associated records in accordance with established records retention schedules.

715.3.7 DATA COLLECTION AND REPORTING

The health authority should be responsible for ensuring the systematic collection and analysis of data to assist in the identification of problems, epidemics or clusters of nosocomial infections. All reportable illnesses as defined by the public health department should be reported as required.

715.3.8 STANDARD PRECAUTIONS

Standard precautions should be used by health care professionals to minimize the risk of exposure to blood and bodily fluids of infected patients. The Responsible Physician shall be responsible for establishing basic guidelines including, but not limited to:

- Washing hands or using hand sanitizer before and after all patient or specimen contact.
- Handling all blood and bodily fluids such as saliva, urine, semen and vaginal secretions as if they are known to be infectious. Where it is not possible to distinguish between fluid types, all bodily fluids are to be assumed infectious.
- Wearing gloves for potential contact with blood and other bodily fluids.
- Placing used syringes immediately in a nearby, impermeable container. Do not recap or manipulate any needle in any way.
- Wearing protective eyewear and a mask if splatter with blood or other bodily fluids is possible.
- Handling all linen soiled with blood and/or bodily secretions as infectious.
- Processing all laboratory specimens as infectious.
- As appropriate, wearing a mask for TB and other ATDs.

715.3.9 TRANSMISSION-BASED PRECAUTIONS

Transmission-based precautions may be needed in addition to universal precautions for selected patients who are known or suspected to harbor certain infections. These precautions are divided into three categories that reflect the differences in the way infections are transmitted. Some diseases may require more than one category (RCW 70.48.480).

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(a) Airborne precautions are designed to prevent the spread of ATDs, which are transmitted by minute particles called droplet nuclei or contaminated dust particles. These particles, because of their size, can remain suspended in the air for long periods of time, even after the infected person has left the room. Some examples of diseases requiring airborne precautions are TB, measles and chicken pox.

1. An inmate requiring airborne precautions should be assigned to a designated respiratory isolation room with special ventilation requirements. The door to this room must be closed at all possible times. If an inmate must move from the isolation room to another area of the facility, the inmate should wear a mask during transport. Anyone entering the isolation room to provide care to the inmate must wear a respirator.

(b) Droplet precautions are designed to prevent the spread of organisms that travel on particles much larger than the droplet nuclei. These particles do not spend much time suspended in the air, and usually do not travel beyond a few feet of the inmate. These particles are produced when an inmate coughs, talks or sneezes. Examples of disease requiring droplet precautions are meningococcal meningitis, influenza, mumps and German measles (rubella).

1. All staff should wear masks within 3 feet of the inmate. Inmate movement should be restricted to the minimum necessary for effective facility operations. The inmate should wear a mask during transport.

(c) Contact precautions are designed to prevent the spread of organisms from an infected inmate through direct (touching the inmate) or indirect (touching surfaces or objects the inmate touched) contact. Examples of inmates who might be placed in contact precautions are those infected with the following:

1. Antibiotic-resistant bacteria
2. Hepatitis A
3. Scabies
4. Impetigo
5. Lice

The following guide shall be used to determine the appropriate precautions that are necessary to reduce the risk of infection transmission while inmates are being transported. Inmates shall receive training on the disease transmission process and will be provided with appropriate barrier devices.

Precautions for inmate contact and transportation

	GLOVES	**SURGICAL MASKS**	**N95 MASKS**	**ISOLATION GOWNS**
Contact				
Inmate	No	No	No	No

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Personnel	Yes	No	No	Yes
Droplet				
Inmate	No	Yes	No	No
Personnel	No	Yes	No	Yes
Airborne				
Inmate	No	Yes	No	No
Personnel	No	No	Yes	No

715.3.10 ENVIRONMENTAL HEALTH AND SAFETY

The Responsible Physician or the authorized designee shall conduct a monthly inspection of areas where health services are provided to verify the following:

- The equipment is inspected and maintained to the manufacturer’s recommendations.
- The area is clean and sanitary.
- The appropriate measures are being taken to ensure the unit is occupationally and environmentally safe.

715.3.11 REGULATED WASTE

The Chief Jail Administrator or the authorized designee, in coordination with the Responsible Physician, will provide for the management of biohazardous materials and waste and the establishment of a protocol for the decontamination of equipment used in medical and dental treatment. Medical and dental equipment decontamination shall comply with all applicable local, state and federal regulations. Precautions may include, but are not limited to:

(a) Discarding biohazardous waste in red plastic bags marked with the word BIOHAZARD and displaying the international symbol for biohazardous material. Contaminated disposable PPE shall be discarded in these receptacles.

(b) Whenever a large amount of fluid blood is present, an absorbent powder should be used to gelatinize the fluid, which should assist in clean up. Standard precautions shall be used when removing the product that should then be placed in a red biohazard bag.

(c) Used biohazard bags shall be stored in covered, rigid waste receptacles in designated locations pending weekly removal by a biohazard waste removal contractor.

(d) Records documenting biohazardous waste removal, spore count logs and cleaning logs shall be retained in accordance with established records retention schedules.

715.4 ECTOPARASITE CONTROL

Ectoparasite control will be initiated, where clinically indicated, immediately following the medical screening or when the inmate manifests signs and symptoms of lice or scabies.

(a) Any inmate who indicates parasitical infection upon entering the facility shall be treated by a qualified health care professional.

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(b) Any inmate suspected of having lice/scabies may be referred to sick call by a deputy.

(c) An inmate may access sick call if he/she believes there is a problem with lice/scabies.

(d) A qualified health care professional shall evaluate any inmate with a lice/scabies complaint. If there are positive findings, the inmate shall be treated for the infestation accordingly.

1. The lice and scabies treatment guidelines will be followed by the qualified health care professional if a physician's order for administering medication is obtained.

   (a) The prescribing physician shall be notified if the inmate is pregnant, as certain medications are contraindicated for pregnant women. An alternative topical application must be prescribed in these situations.

   (b) Documentation in the medical record should include the patient's symptoms, observations regarding the condition, patient education and prescribed treatment.

2. The inmate's clothing and linen shall be removed from his/her cell, placed in a plastic bag and sent to the laundry. These items are considered contaminated and must be disinfected by:

   (a) Machine washing (hot cycle), machine drying (hot cycle), dry cleaning or ironing, or

   (b) Storage in a plastic bag for non-washable items for 10-14 days (head lice), seven days (pubic lice). This method is not recommended for body lice.

   (c) Isolation is not necessary as long as clothing and bedding are properly disinfected and inmates do not share items.

      1. An inmate having poor hygiene should be housed in a single cell until 24 hours after beginning treatment.

      2. Gloves are to be used for direct contact until the inmate has been treated and the clothing/bedding have been removed for disinfecting.

3. Cellmates, sexual partners and any personnel having direct hands-on contact with an infected inmate should be evaluated for prophylactic treatment because of the long incubation period of the scabies parasite.

715.5 EMPLOYEE EXPOSURE CONTROL

All facility staff that may come in contact with another person's blood or bodily fluids shall follow these procedures and guidelines. For the purposes of this policy, contact with blood or bodily fluids is synonymous with BBP exposure.

All employees shall use the appropriate barrier precautions to prevent skin and mucous membrane exposure whenever contact with blood or bodily fluid is anticipated. Disposable gloves shall be

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worn, if reasonably possible, before making physical contact with any inmate and when handling the personal belongings of an inmate.

Should gloves come in contact with blood or other bodily fluids, the gloves shall be disposed of as contaminated waste. Care should be taken to avoid touching other items (e.g., pens, books or other personal items) while wearing disposable gloves in a potentially contaminated environment. All procedures involving blood or other potentially infectious materials shall be done in a way to minimize splashing, spraying or otherwise generating droplets of those materials.

Eating, drinking, smoking, applying lip balm and handling contact lenses shall be prohibited in areas where the potential for exposure exists.

715.5.1 IMMUNIZATIONS

All facility staff members who may be exposed to, or have contact with, a communicable disease shall be offered appropriate treatment immunization. The ability of staff to provide health care services is predicated on a safe and secure working environment where employees feel safe to do their work, and assures public safety.

Staff shall also receive a TB test prior to job assignment and voluntary annual testing thereafter, at no cost to the employee.

The HBV immunization shall be available to all employees who have direct inmate contact and who test negative for HBV antibodies. The immunization is voluntary and provided at no cost to the employee. Employees who decline the offer of immunization and/or test shall be required to sign a waiver. Employees receiving immunization and testing shall be required to sign a consent form. Employees may reverse their decision to decline at any time by signing a consent form.

715.5.2 PERSONAL PROTECTIVE EQUIPMENT (PPE)

The PPE is the last line of defense against communicable disease. Therefore, the following equipment is provided to all personnel to assist in the protection against such exposures:

- Disposable latex gloves
- Safety glasses or goggles
- Rescue mask with a one-way valve
- Alcohol (or similar substance) to flush skin

The PPE should be inspected at the start of each shift and replaced immediately after each use and when it becomes damaged.

715.5.3 DECONTAMINATION OF PERSONAL PROTECTIVE EQUIPMENT

After using any reusable PPE, it shall be washed or disinfected and stored appropriately. If it is not reusable (e.g., disposable gloves), it shall be discarded in a biohazard waste container.

Any PPE that becomes punctured, torn or loses its integrity shall be removed as soon as reasonably feasible. The employee shall wash up and replace the PPE if the job has not been

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terminated. If the situation resulted in a contaminated non-intact skin event, the affected area shall be decontaminated as described below.

A contaminated reusable PPE that must be transported prior to cleaning shall be placed into a biohazard waste bag. Gloves shall be worn while handling the biohazard waste bag and during placement into the biohazard waste container. The gloves shall be included with the waste.

715.5.4 DECONTAMINATION OF SKIN AND MUCOUS MEMBRANES

Personnel shall wash their hands as soon as possible following the removal of potentially contaminated gloves. Antibacterial soap and warm water or an approved disinfectant shall be used, paying particular attention to the fingernails.

If an employee’s intact skin contacts someone else’s blood or bodily fluids or other potentially infectious materials, the employee shall immediately wash the exposed part of his/her body with soap and warm water and/or an approved disinfectant as soon as possible. If the skin becomes grossly contaminated, body washing shall be followed by an approved hospital strength disinfectant. If large areas of the employee’s skin are contaminated, the employee shall shower as soon as reasonably possible, using warm water and soap and/or an approved disinfectant. Medical treatment should be obtained.

Contaminated non-intact skin (e.g., injured skin, open wound) shall be cleaned using an approved disinfectant and then dressed or bandaged as required. Medical treatment is required. All hand, skin and mucous-membrane washing that takes place shall be done in the designated cleaning or decontamination area. Cleaning shall not be done in the kitchen, bathrooms or other locations not designated as a cleaning or decontamination area.

715.5.5 DECONTAMINATION OF CLOTHING

Contaminated clothing such as uniforms and undergarments shall be removed as soon as reasonably feasible and rinsed in cold water to prevent the setting of bloodstains. If the clothing may be washed in soap and hot water, do so as soon as reasonably possible.

If the clothing must be dry-cleaned, place it into a biohazard waste bag and give it to the ECO. The ECO will secure a dry cleaner that is capable of cleaning contaminated clothing, and shall inform the dry cleaner of the potential contamination. The cost of dry cleaning shall be paid according to labor contract agreements.

Contaminated leather boots shall be brushed and scrubbed with detergent and hot water. If the contaminant soaked through the boot, the boot shall be discarded and replaced. The cost of replacement shall be paid according to labor contract agreements.

715.5.6 DECONTAMINATION OF VEHICLES

Contaminated vehicles and components such as the seats, radios and doors, shall be washed with soap and warm water and disinfected with an approved germicide as soon as reasonably feasible.

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715.5.7 DECONTAMINATION OF THE CLEANING AREA

The ECO shall designate a location in the facility that will serve as the area for cleaning/ decontamination. This area is to be used to keep equipment clean and sanitary and for employees to wash any potential contamination from their bodies. This area is to be thoroughly cleaned after each use and to be maintained in a clean and sanitary order at all times between each use. The application of cosmetics, smoking of cigarettes and consumption of food and drink are prohibited in this area at all times.

715.6 SHARPS AND ITEMS THAT CUT OR PUNCTURE

All personnel shall avoid using or holding sharps (needles) unless they are assisting medical personnel or collecting them for evidence. Unless required for reasons related to evidence preservation, employees are not to recap sharps. If recapping is necessary, a one-handed method shall be employed to avoid a finger prick. Disposal, when possible, shall be into a puncture-proof biohazard container.

All sharps and items that cut or puncture (e.g., broken glass, razors and knives) shall be treated cautiously to avoid cutting, stabbing or puncturing one’s self or any other person. In addition, if a sharp object contains known or suspected blood or other bodily fluids, that item is to be treated as a contaminated item. If the item is not evidence, touching it with the hands shall be avoided. Rather, use a device such as tongs or a broom and a dustpan to clean up debris. If the material must be touched, protective gloves shall be worn.

715.7 POST-EXPOSURE REPORTING AND FOLLOW-UP REQUIREMENTS

In actual or suspected employee exposure incidents, proper documentation and follow-up action must occur to limit potential liabilities and to ensure the best protection and care for the employees.

715.7.1 EMPLOYEE RESPONSIBILITY TO REPORT EXPOSURE

To provide appropriate and timely treatment should exposure occur, all employees should verbally report the exposure to their immediate supervisor and complete a written exposure report as soon as possible following the exposure or suspected exposure. That report should be submitted to the employee’s immediate supervisor. Employees should document in the exposure report whether they would like the person who was the source of the exposure to be tested for communicable diseases.

715.7.2 SUPERVISOR REPORTING REQUIREMENTS

The supervisor on-duty shall investigate every exposure that occurs as soon as reasonably possible following the incident, while gathering the following information:

(a) Name and employee identification number of the employee exposed

(b) Date and time of incident

(c) Location of incident

(d) What potentially infectious materials were involved

(e) Source of material or person

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(f) Current location of material or person

(g) Work being done during exposure

(h) How the incident occurred or was caused

(i) PPE in use at the time of the incident

(j) Actions taken post-event (e.g., clean-up, notifications)

The supervisor shall advise the employee of the laws and regulations concerning disclosure of the identity and infectious status of a source, and of information contained in this policy regarding source testing.

If the ECO is unavailable to seek testing of the person who was the source of the exposure, it is the responsibility of the exposed employee's supervisor to ensure testing is sought according to the guidelines in this policy.

715.7.3 MEDICAL CONSULTATION, EVALUATION AND TREATMENT

Any employee who was exposed or who suspects he/she was exposed to HIV or to hepatitis B or C should be seen by a physician or qualified health care professional as soon as reasonably possible.

The doctor or qualified health care professional should be given the supervisor's report and the employee's medical records relevant to the visit and examination. The blood of the exposed employee shall be tested.

The qualified health care professional will provide the ECO and/or the Office's risk manager with a written opinion/evaluation of the exposed employee's medical condition. This opinion should only contain the following information:

- If a post-exposure treatment is indicated for the employee
- If the employee received a post-exposure treatment
- Confirmation that the employee received the evaluation results
- Confirmation that the employee was informed of any medical condition that could result from the exposure incident and whether further treatment or evaluation will be required
- Whether communicable disease testing from the source is warranted, and if so, which diseases the testing should include

All other findings or diagnosis shall remain confidential and are not to be included in the written report.

715.7.4 COUNSELING

The Office shall provide the exposed employee (and his/her family if necessary) the opportunity for counseling and consultation.

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715.7.5 CONFIDENTIALITY OF REPORTS

Most of the information involved in this process must remain confidential. The ECO shall ensure that all records and reports are kept in the strictest confidence. The ECO shall be responsible for maintaining records containing the employee's treatment status and the results of examinations, medical testing and follow-up procedures.

The Office's risk manager shall be responsible for keeping the name and Social Security number of the employee and copies of any information provided to the consulting health care professional on file.

This information is confidential and should not be disclosed to anyone without the employee's written consent (except as required by law). Test results from persons who may have been the source of an exposure should be kept confidential as well.

715.7.6 SOURCE TESTING

Testing a person for communicable diseases when that person was the source of an exposure should be done when it is desired by the exposed member, or when it is otherwise appropriate. Source testing is the responsibility of the ECO. If the ECO is unavailable to seek timely testing of the source, it is the responsibility of the Chief Jail Administrator to ensure testing is sought.

Source testing may be achieved by:

(a) Obtaining consent from the individual.

(b) Filing a request with a state or local health officer to order bloodborne pathogen testing when an employee is exposed to the bodily fluids of an arrestee (RCW 70.24.340; WAC 246-100-206).

(c) Receiving an order from the Chief Jail Administrator for bloodborne pathogen testing for a detainee at the correctional facility (RCW 70.24.360; WAC 246-100-206).

Since there is the potential for overlap between the different manners in which source testing may occur, the ECO is responsible for coordinating the testing to prevent unnecessary or duplicate testing.

The ECO should seek the consent of the individual for testing and consult the County Attorney to discuss other options when no statute exists for compelling the source of an exposure to undergo testing if the individual refuses.

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Detoxification and Withdrawal

717.1 PURPOSE AND SCOPE

Significant percentages of inmates have a history of alcohol and/or drug abuse. Newly incarcerated individuals may enter the facility while under the influence of a substance or they may develop symptoms of alcohol or drug withdrawal. This policy is intended to ensure that the staff is able to recognize the symptoms of intoxication and withdrawal from alcohol or drugs, and that those inmates who are intoxicated or experiencing withdrawal are provided appropriate medical treatment.

This policy also identifies protocols to be used by qualified health care professionals. These protocols are appropriate for inmates who are under the influence of alcohol or drugs or who are experiencing withdrawal from any type of substance abuse.

717.1.1 DEFINITIONS

Definitions related to this policy include:

Alcohol withdrawal - A medical condition characterized by physiological changes that occur when alcohol intake is discontinued in an individual who is addicted to alcohol.

Detoxification - The process by which an individual is gradually withdrawn from drugs by the administration of decreasing doses of the drug on which the person is physiologically dependent, or a drug that is cross-tolerant to the dependent drug, or a drug that medical research has demonstrated to be effective in detoxifying the individual from the dependent drug.

717.2 POLICY

The Island County Correction Facility is NOT a detoxification facility. Arrestees suspected of having withdrawal or who may soon be experiencing withdrawal will be cleared through the local hospital ER prior to being booked into the facility.

Withdrawal from alcohol or detoxification from drugs can be a life-threatening medical condition requiring professional medical intervention. It is the policy of this office to ensure proper medical care to arrestees who suffer from drug or alcohol overdose or withdrawal prior to booking.

To lessen the risk of a life-threatening medical emergency and to promote the safety and security of all persons in the facility, staff shall respond promptly to medical symptoms presented by inmates.

The Responsible Physician shall develop written medical protocols on withdrawal/detoxification symptoms necessitating immediate transfer of the inmate to a hospital or other medical facility, and procedures to follow if care within the facility should be undertaken.

717.3 STAFF RESPONSIBILITY

Staff should remain alert to signs of drug and alcohol overdose and withdrawal. These symptoms include, but are not limited to, sweating, nausea, abdominal cramps, anxiety, agitation, tremors, hallucinations, rapid breathing and generalized aches and pains. Any staff member who suspects that an inmate may be suffering from overdose or experiencing withdrawal symptoms shall

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promptly notify the Shift Supervisor, who shall ensure that a qualified health care professional is promptly notified.

717.4 MEDICAL STAFF RESPONSIBILITY

The qualified health care professional will evaluate the inmate using approved protocols in order to determine the most appropriate care plan, which will be based on the patient's history, current physical status and treatment needs. Any patient who's condition cannot be safely managed in the facility will be referred to an appropriate treatment facility off-site.

717.5 PROCEDURE

Inmates who are observed experiencing severe, life-threatening intoxication (overdose) or withdrawal symptoms will be promptly seen by a Responsible Physician, qualified healthcare provider or, at the direction of the medical staff, referred to an off-site emergency facility for treatment. Detoxification must be conducted under medical supervision at the facility or in a hospital or community detoxification center under appropriate security conditions.

If the qualified health care professional determines that an inmate is at risk for progression to a more severe level of withdrawal, the inmate will be appropriately housed in an area where he/she can be kept under constant observation by qualified health care professionals and correctional staff.

717.6 WITHDRAWAL AND DETOXIFICATION PROTOCOLS

Protocols are available to the qualified health care professionals to guide the care and treatment of individuals who are intoxicated or experiencing drug and/or alcohol withdrawal. These protocols, which have been developed and approved by the Responsible Physician, fall within nationally accepted guidelines and are reviewed annually.

When dealing with inmates who are in a custody situation, qualified health care professionals shall utilize detoxification protocols in accordance with local, state and federal laws.

No direct supervision is required at the time of identifying and initiating care. Overall supervision is provided by the Responsible Physician. Qualified health care professionals shall evaluate and provide care to patients utilizing written procedures and/or physician orders.

717.7 ALCOHOL WITHDRAWAL SYMPTOMS CHART

The following chart describes typical symptoms of mild, moderate and severe withdrawal. It is to be used as a guide for determining when to refer inmates to a qualified health care professional.

Not all symptoms are always present.

	MILD	**MODERATE**	**SEVERE** (Delirium Tremens)
ANXIETY	Mild restlessness and anxiety	Obvious motor restlessness	Extreme restlessness and agitation with appearance of intense fear is common

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APPETITE	Impaired appetite	Marked anorexia	Often rejects all food and fluid except alcohol
BLOOD PRESSURE	Normal or slightly elevated systolic	Usually elevated systolic	Elevated systolic and diastolic
CONFUSION	Oriented, no confusion	Variable confusion	Marked confusion and disorientation
CONVULSIONS	No	May occur	Severe convulsions are common
HALLUCINATIONS	No hallucinations	Often vague, transient, visual and auditory hallucinations and delusions, often with insight, often occurring only at night	Visual and occasional auditory hallucinations, usually of fearful or threatening content. Misidentification of persons and frightening delusions relating to hallucinatory experiences
MOTOR CONTROL	Inner "shaky"	Visible tremulousness	Gross uncontrollable shaking
NAUSEA	Nausea	Nausea and vomiting	Dry heaves and vomiting
PULSE	Tachycardia	Pulse 100-120	Pulse 120-140
SLEEP	Restless sleep or insomnia	Marked insomnia and nightmares	Total wakefulness
SWEATING	None or slight	Obvious	Extreme

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Administration of Psychotropic Medication

718.1 PURPOSE AND SCOPE

The purpose of this policy is to establish guidelines under which an inmate may be involuntarily administered psychotropic medications during a mental health emergency, to protect the safety of the inmate and others.

718.1.1 DEFINITIONS

Definitions related to this policy include:

Mental health emergency - Any emergency situation that requires an immediate response to an individual in psychiatric crisis, for the preservation of life or the prevention of serious bodily harm to the inmate, staff or others. It is not necessary for harm to take place or to become unavoidable prior to involuntary treatment being imposed.

Psychotropic medication - Any medication prescribed for the treatment of symptoms of psychoses and other mental and emotional disorders.

718.2 POLICY

It is the policy of this office that an inmate may be involuntarily given psychotropic medication on an emergency basis only when the inmate is found by a physician to be a danger to him/herself or others by reason of mental disorders.

718.3 MEDICATION IN AN EMERGENCY

Psychotropic medication shall not be administered to an inmate absent an emergency unless the inmate has given his/her informed consent or administration has been authorized under a court order (RCW 10.77.065).

Involuntary emergency administration of psychotropic medication shall occur only under the following conditions:

- The inmate has been afforded interventions, beginning with the least restrictive options, as approved by the Responsible Physician or psychiatrist.
- The administration and duration are authorized by a physician.
- A physician specifies the conditions under which the medication is to be administered.

The details of each condition must be documented in the inmate’s medical record.

This policy limits the number of times that involuntary psychotropic medication may be administered to one dose only during the mental health emergency, as defined by a qualified health care professional. If the emergency is not resolved, the inmate shall be transferred from the jail to an appropriate facility that is designed to treat mental health emergencies.

Psychotropic medication shall not be administered for disciplinary reasons.

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718.3.1 PROCEDURES

When it has been determined that an inmate’s behavior might lead to death or injury to the inmate or others, and that a mental health emergency is imminent, the following procedures shall be followed:

- The inmate shall be subdued by custody personnel using tactics that provide the safest resolution for the inmate and the involved staff given the circumstances.
- The qualified health care professional shall evaluate the inmate for any injuries and mental status. If there are no qualified health care professional available, the inmate shall be transported to an appropriate facility that is designed to treat mental health emergencies as soon as reasonably practicable.
- The Responsible Physician shall be contacted for direction.
- If psychotropic medication is authorized by the Responsible Physician, the qualified health care professional will first attempt to gain inmate consent.
- If consent is not obtained, the medication shall be involuntarily administered in the safest manner possible.
- The inmate will be monitored for any adverse reactions and side effects twice every hour by custody personnel.
- A qualified health care professional shall check the inmate at 30-minute intervals for the first two hours.
- The inmate shall be evaluated by the Responsible Physician within 24 hours to determine continued treatment planning.
- If the emergency is not resolved with a single dose of medication, or if the inmate does not continue treatment on a voluntary basis, consideration should be given to the prompt transfer of the inmate to an appropriate facility that is designed to treat mental health emergencies.
- All clinical interaction with the inmate shall be fully documented in the inmate’s medical record and shall include the date and time of treatment and the signature of the qualified health care professional.

718.3.2 POST ADMINISTRATION CARE

Less restrictive treatment alternatives should be developed as soon as reasonably practicable.

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Clinical Performance Enhancement

719.1 PURPOSE AND SCOPE

This office recognizes the importance of ensuring that qualified health care professionals are competent in their clinical skills and that the clinical performance enhancement review addresses areas in need of improvement.

719.1.1 DEFINITIONS

Definitions related to this policy include:

Clinical performance enhancement review - The process of having a qualified health care professional's work reviewed by another professional (peer review) of at least equal training in the same general discipline (e.g., review of the facility's physicians by the Responsible Physician).

Independent review - The assessment of a qualified health care professional's compliance with discipline-specific and community standards. The review is an analysis of a practitioner's clinical practice. This review may be conducted by someone who may or may not be directly employed by the institution. However, if the review was prompted by an inmate complaint, the reviewing practitioner must not have been previously involved in the care of that inmate.

719.2 POLICY

It is the policy of this office to conduct peer review of all qualified health care professionals. The clinical performance enhancement review process is neither an annual performance review nor a clinical case conference process. It is a professional review focused on the qualified health care professional's clinical skills. Its purpose is to enhance competence and address areas in need of improvement.

An immediate peer review may be authorized by the Responsible Physician if serious problems of practice arise with a specific qualified health care professional.

719.3 COMPONENTS OF THE CLINICAL PERFORMANCE ENHANCEMENT

The clinical performance enhancement review process is to be conducted on all primary care clinicians. The result of these reviews shall be kept confidential. Documentation from the review shall include the following:

- Name of the individual being reviewed
- Date of the review
- Name and credentials of the reviewer
- Confirmation that the review was shared with the qualified health care professional
- Summary of findings and corrective action, if any

If a clinical performance enhancement review identifies a serious concern, the Responsible Physician shall implement an independent review by someone who is not directly employed by

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this office. The result of this review shall be shared with the appropriate health care service by the Responsible Physician, and a plan of correction shall be implemented.

The Responsible Physician will keep a log of clinical performance enhancement reviews of all qualified health care professionals to ensure compliance with this policy.

719.4 HEALTH CARE COMPLAINTS

The Chief Jail Administrator, in cooperation with the Responsible Physician, shall be responsible for developing and implementing a grievance process by which inmates may submit complaints about the health care services they have received. There shall also be a means to observe all qualified health care professionals, correctional staff or other non-medical staff regarding the delivery of health care services.

The Responsible Physician shall review the practice of the authorized medical providers about whom complaints or observations have been made. The Responsible Physician shall take appropriate action.

719.5 RECORDS

All clinical performance enhancement review reports and complaint investigations shall be considered confidential. The contents of such files shall not be revealed to other than the involved employee or authorized personnel, except pursuant to lawful process or as otherwise authorized or required by statute.

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Clinical Decisions

720.1 PURPOSE AND SCOPE

This policy recognizes that a coordinated effort between the Responsible Physician and the Chief Jail Administrator is needed to ensure an adequate health care system. It emphasizes the importance of clinical decisions being the sole responsibility of the qualified health care professional.

720.1.1 DEFINITIONS

Definitions related to this policy include:

Clinical decisions - The process of formulating a differential diagnosis with information gathered from an inmate's medical history and physical and mental examinations, developing a list of possible causes and ordering tests to help refine the list or identify a specific disease.

Differential diagnosis - A systematic method of identifying unknowns or diagnosing a specific disease using a set of symptoms and testing as a process of elimination.

720.2 POLICY

Clinical decisions and actions regarding inmate health care are the sole responsibility of qualified health care professionals and should not be countermanded by others. The Responsible Physician shall be responsible for arranging for appropriate health resources and for determining what services are needed. The Chief Jail Administrator or the authorized designee shall be responsible for providing the custodial support to ensure a safe and secure environment for delivery of services and accessibility to the inmates.

720.3 MEDICAL AUTONOMY

Clinical decisions shall be made only after a thorough evaluation of the patient's complaint and physical or mental condition. The implementation of clinical decisions is to be completed in an effective and safe manner that does not violate the security regulations of the facility.

720.4 PROBLEM RESOLUTION

Any issues arising because of the clinical decision process shall be reviewed under the provisions of the Continuous Quality Improvement Policy using medical records, grievances, staff complaints and any other relevant data.

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Health-Trained Staff

721.1 PURPOSE AND SCOPE

The purpose of this policy is to establish a process for inmates to access 24 hour health care services in the event that a qualified health care professional is not on-site.

721.2 POLICY

It is the policy of this office that staff members shall be responsible for coordinating the delivery of health care services in the facility any time that qualified health care professionals are not available on-site. Additionally, in facilities that do not have full-time qualified health care professionals, the Chief Jail Administrator shall appoint a staff member to act as a liaison to coordinate health care delivery in the facility under the direction of the Responsible Physician.

721.3 DUTIES OF THE HEALTH-TRAINED STAFF

The Chief Jail Administrator or the authorized designee, in coordination with the Responsible Physician, shall be responsible for developing protocols for staff. Staff shall be responsible for the following:

- Reviewing the screening forms completed during the booking process for any follow-up care needed.
- Managing health care requests.
- Escorting inmates and their medical records for sick call.
- Assisting with the implementation of orders regarding diets, housing and work assignments.

721.4 TRAINING

The Chief Jail Administratorand the Responsible Physician or authorized designee shall be jointly responsible for developing a training curriculum for the staff and for the delivery of that training, which shall include the following:

- Instruction on proper action in the case of a medical emergency.
- Documentation requirements.
- Appropriate triage of health care requests and follow-up.
- Confidentiality of health information.

721.5 UNREASONABLE BARRIERS

No member of the Island County Sheriff's Office correctional facility shall create unreasonable barriers that affect an inmate's access to health care services. The following are examples of conduct that are likely to create unreasonable barriers and are prohibited:

(a) Punishing inmates for seeking care for their serious health needs.

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(b) Assessing excessive inmate medical fees that prevent or deter inmates from seeking care for their serious health needs.

(c) Deterring inmates from seeking care for their serious health needs by scheduling sick call at unreasonable times.

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Licensure, Certification and Registration Requirements

722.1 PURPOSE AND SCOPE

The purpose of this policy is to recognize that inmates are entitled to health care services that are provided by qualified health care professionals working within the scope of their respective licensure, certification, registration and training. This policy also establishes a credentials verification process.

722.2 POLICY

It is the policy of this office that all qualified health care professionals who provide health care services to inmates possess the required licensure, certification or registration appropriate to their field of expertise. Job descriptions shall include minimum qualifications and specific duties and responsibilities, and shall be approved by the Responsible Physician.

The current credentials and job descriptions for all qualified health care professionals will be on file at the facility and retained in accordance with established records retention schedules.

Any health care provided to inmates at the facility that is not provided by a qualified health care professional is provided in accordance with a standing order or direct order issued by personnel who are qualified under governing laws to give such orders.

722.3 CREDENTIALING AND FILE MAINTENANCE

A completed file of current licenses, certifications, registration, reference checks and applications shall be maintained by the Health Department and by the Responsible Physician or the authorized designee at this facility.

(a) The Responsible Physician or the authorized designee shall obtain confirmation of current licensure, certification and registration prior to making any offer of employment.

(b) Inquiries into any sanctions or disciplinary actions of state boards, employers and the U.S. Department of Health and Human Services' National Practitioner Data Bank should be conducted prior to making any offer of employment.

(c) Individuals should be required to pass a job related pre-employment background investigation. Employment references may be obtained via mail or over the phone with documentation.

(d) Each employee should be held responsible for providing renewal verification of licenses, certificates and registration prior to the expiration date.

(e) Any group or individual providing health care services must complete the credentialing process that is appropriate for their profession and must provide the facility a copy of current licensure and, when appropriate, a Drug Enforcement Administration (DEA) certificate to prescribe controlled substances.

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(f) To be eligible for hire, all qualified health care professionals must possess and maintain a current CPR certification and provide documentation to the Responsible Physician or the authorized designee.

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Suicide Prevention and Intervention

723.1 PURPOSE AND SCOPE

This policy establishes the suicide prevention and intervention to identify, monitor and, when necessary, provide for emergency response and treatment of inmates who present a suicide risk while incarcerated at the office detention facilities.

This policy is intended to reduce the risk of self-inflicted injury or death by providing tools to the staff that will allow a timely and organized emergency response to suicide, suicide attempts or an inmate's unspoken indication that suicide is being considered. The three key components of this plan are evaluation, training and screening with intervention.

723.2 POLICY

It is the policy of this office to minimize the incidence of suicide by establishing and maintaining a comprehensive suicide prevention and intervention program designed to identify inmates who are at risk of suicide and to intervene appropriately whenever possible.

723.3 SUICIDE PREVENTION TEAM

The Chief Jail Administrator in cooperation with the Responsible Physician/ARNP and the staff shall be the suicide prevention team. The team will evaluate and approve the suicide prevention and intervention program. The suicide prevention team should consist of qualified health care professionals and the Chief Jail Administrator or the authorized designee. A yearly evaluation of the procedurers will include a review of all current policies to ensure they are relevant, realistic and consistent with the mission of the program. The program and policies will be updated as needed.

The suicide prevention team shall also ensure that the facility is evaluated to identify any physical plant characteristics or operational procedures that might be modified to reduce the risk of inmate suicide. This should be accomplished by conducting a review of suicides and suicide attempts, physical inspection, review of various facility inspection reports and by participating in inmate suicide prevention discussions. If physical modifications are recommended, any team member shall ensure the Chief Jail Administrator is promptly notified.

It shall also be the responsibility of the suicide prevention team to coordinate suicide prevention training.

723.4 STAFF TRAINING

All facility staff members who are responsible for supervising inmates shall receive initial training on suicide risk identification, prevention and intervention, to include, at minimum:

- The provisions of this policy.
- Identification of the warning signs and indicators of potential suicide, including training on suicide risk factors.
- Identification of the demographic and cultural parameters of suicidal behavior, including incidence and variations in precipitating factors.

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- Responding to suicidal and depressed inmates.
- Communication between corrections and health care personnel.
- Using referral procedures.
- Housing observation and suicide watch-level procedures.
- Follow-up monitoring of inmates who attempt suicide.

Recommendations for modification to suicide training should be directed to the Chief Jail Administrator, who shall review the recommendations and approve, if appropriate.

723.5 SCREENING AND INTERVENTION

All inmates shall undergo medical and mental health screening during the intake process. A portion of the intake medical screening is devoted to assessing inmates at risk for suicide. Upon an inmate entering the facility, he/she should be assessed by custody staff for the ability to answer medical and mental health screening questions.

Any inmate who appears to be unable to answer the initial medical screening questions shall be examined by the facility physician/ARNP (if present) or a qualified health care professional at a designated hospital and receive medical clearance before acceptance into the jail. Inmates who refuse to answer these questions shall be placed under observation until the screening can be completed or until sufficient information is obtained to allow the staff to make appropriate decisions concerning housing and care.

Staff members shall refer any inmate who is at risk for suicide to health services and mental health services. The inmate shall remain under direct observation in a safe setting until designated staff makes appropriate health care and housing decisions.

723.6 SUICIDE WATCH

Inmates should only be housed on suicide watch with the approval of the Shift Supervisor. If a qualified health care professional is not present in the correctional facility, the Shift Supervisor may make the decision to place an inmate on suicide watch but should notify a qualified health care professional as soon as practicable. Inmates placed on suicide watch shall be closely monitored and housed in a cell that has been designed to be suicide resistant our BMM. Prior to housing the inmate, the staff should carefully inspect the cell for objects that may pose a threat to the inmate's safety.

Qualified health care and mental health professionals are primarily responsible for the health concerns of inmates on suicide watch. Deputies and general employees are responsible for the physical safety of the inmates. All staff members should coordinate their efforts to ensure that inmates do not have the means or the opportunity to injure themselves.

An observation log must be maintained for each inmate on suicide watch. Staff member must make a direct visual observation of the inmate every 15 minutes, absent an emergency preventing an observation. A a qualified health care professional, if available, must observe the inmate at least once every 24 hours. Each staff member who is required to observe the inmate shall make

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notations in the observation log documenting the time of observation and a brief description of the inmate's behavior.

While monitoring may be supplemented by video monitoring, it may never be a substitute for direct visual monitoring.

The status of suicidal inmates should be readily identifiable in a manner discernible by staff. When standard-issue clothing presents a security or medical risk to the inmate or others, the inmate shall be supplied with a security garment that is designed to promote inmate safety and not cause unnecessary humiliation and degradation. Suicidal inmates shall not be permitted to retain undergarments or any other item that can be fashioned into an implement for hanging (e.g., plastic bags, shoelaces or sheets). Inmates on suicide watch shall not be permitted to keep personal property while housed on suicide watch and shall not be permitted to possess razors or other sharp objects, such as pencils, items with staples or any other item that may be used to cause a self-inflicted injury. Physical restraints should only be used as a last resort measure. The decision to use or discontinue use of restraints should be made in consultation with qualified health care and mental health professionals.

Inmates who are not actively suicidal but who have expressed suicidal thoughts or have a recent history of self-injurious behavior should be observed by staff at irregular intervals, not to exceed every hour.

723.6.1 INTERVENTION

Any suicide attempt is a medical emergency. Staff should take action to facilitate emergency medical care and preserve and collect evidence as necessary. Medical should be summoned immediately any time staff suspects a suicide attempt has occurred or is imminent. Staff should take reasonable and appropriate precautions to mitigate the ability of the inmate to injure him/herself, and should consider establishing and maintaining a non-threatening conversation with the inmate while awaiting assistance.

Following a suicide attempt, staff should initiate a medical emergency response and initiate and continue appropriate life-saving measures until relieved by medical.. The arriving medical staff should perform the appropriate medical evaluation and intervention. The Chief Jail Administratorshould be notified in situations when referral and transportation to the emergency room of a local hospital is required. The Chief Jail Administrator shall notify the Undersheriff and Sheriff.

723.6.2 NOTIFICATION

In the event of an attempted or completed suicide, the Chief Jail Administrator should be promptly notified. The Chief Jail Administrator should notify the Sheriff.

The location where a suicide or attempted suicide has occurred should be treated as a crime scene after the inmate has been removed from the cell or after emergency medical care is rendered. The area should be secured and access-controlled to preserve evidence until the appropriate investigation can be completed.

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All suicides or attempted suicides shall be documented in an incident report. Any injury must be documented in an inmate injury report.

All in-custody deaths, including those resulting from suicide, should be investigated and documented in accordance with the Reporting Inmate Deaths Policy.

723.7 FOLLOW-UP

Qualified health care professionals should evaluate any inmate placed on suicide watch at the next available sick call. After evaluation, qualified health care professionals should make a recommendation whether to keep the inmate on suicide watch. Only a qualified mental health care professional may remove an inmate from suicide watch unless the inmate is willing to agree to Not Harm Themself and signs an agreement.

The inmate's health record should be updated to reflect all contacts, treatment and any other relevant information, and the records maintained in accordance with established records retention schedules.

723.7.1 DEBRIEFING

Any suicide attempt or death of an inmate or on-site staff member requires a staff debriefing. Information will be communicated to the oncoming Shift Supervisor and staff to apprise them of the incident and actions taken with regard to the incident. Such debriefing will be appropriately documented and shall be reviewed by administration and the Responsible Physician.

723.8 TRANSPORTATION

Inmates at risk for suicide pose additional challenges during transport and while being held in court holding facilities. The transportationdeputy should take reasonable steps to closely monitor at-risk inmates whenever they are transported or held in any cell that is not designated as a suicide-watch cell. All additional security and monitoring measures implemented by the staff should be documented in the inmate's record. The transporting deputy should ensure that the suicide threat or other danger is communicated to personnel at the receiving facility.

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Inmate Death - Clinical Care Review

724.1 PURPOSE AND SCOPE

The purpose of this policy is to establish the actions and notifications required in the event of an in-custody death and the medical care received by the inmate. The policy requires that a review of all in-custody deaths be conducted to assess the appropriateness of the clinical care provided and the effectiveness of the facility's policies and procedures.

724.1.1 DEFINITIONS

Definitions related to this policy include:

Administrative review - An assessment of the facility's emergency response actions surrounding the death of an inmate. The purpose of the administrative review is to identify areas where operations, policies and procedures may be improved.

Clinical mortality review (CMR) - An assessment of the medical condition of the inmate prior to treatment, the clinical care provided by contractors and the circumstances of the death. The purpose of the CMR is to identify areas of patient care or system policies and procedures that may be improved.

Psychological autopsy - A written reconstruction of an inmate's life with an emphasis on factors that may have contributed to his/her death. This is sometimes referred to as a psychological reconstruction and is usually conducted by a psychologist or other qualified mental health care professional.

724.2 POLICY

It is the policy of this office that all in-custody deaths are reviewed to determine the appropriateness of the clinical care provided, to determine whether existing policies are appropriate or if revision is necessary and to identify any other issues associated with the circumstances of the death. A postmortem examination should be performed according to the laws of the jurisdiction if the cause of death is unknown, if the death occurred under suspicious circumstances or if the inmate was not under current medical care.

724.3 NOTIFICATIONS

In the event of an in-custody death, all authorities with jurisdiction, including the Coroner or the authorized designee shall immediately be notified by the Chief Jail Administrator or the authorized designee at the time of death.

The Responsible Physician should also be notified and should coordinate with the Chief Jail Administrator, who will be responsible for notifying his/her chain of command regarding all medical issues surrounding the in-custody death.

Information regarding the individual designated by the deceased inmate for notification should be provided to the Coroner or the authorized designee, who is charged with the responsibility of making such notifications.

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The Jail Administrator shall complete and file a Death in Custody Report with the Bureau of Justice.

724.4 DOCUMENTATION

The qualified health care professional on-duty at the time of the in-custody death shall ensure that all witnessed facts concerning the death are documented on the inmate's health record. Written documentation should include, but is not limited to, the time of death, the preceding circumstances surrounding the death, nature of the death, treatment rendered and who was notified of the death and by whom.

The Responsible Physician should initiate a death report and document it in accordance with the Continuous Quality Improvement Policy.

724.5 CLOSING THE MEDICAL RECORD

The Responsible Physician should review the inmate's health record to ensure appropriate entries have been made, and within 24 hours of the death have the original and a complete copy of the medical record made and delivered as follows (see the Reporting Inmate Deaths Policy):

(a) Seal the original in an envelope and retain in the custody of the Responsible Physician.

(b) Send the copy to the facility for inclusion into the inmate file and retain in accordance with established records retention schedules.

724.6 DEATH BY SUICIDE

In the event of a suspected inmate suicide, the qualified health care professional shall make a report within 24 hours to the Responsible Physician containing:

(a) The inmate's known mental health history.

(b) The most recent known mental health treatment.

(c) All known circumstances surrounding the suicide.

A psychological autopsy should be conducted by a qualified mental health care professional if the cause of death is determined to be a suicide.

The initial CMR should be conducted by the Responsible Physician and, if available, a mental health care professional. The CMR should be finalized within 30 days by the Responsible Physician. The findings should be shared with the treating staff.

724.7 DEATH REVIEW

All deaths should be reviewed within 30 days. The review shall consist of an administrative review, a CMR and a psychological autopsy if the death was by suicide.

Treating staff shall be informed of the CMR and the administrative review findings at the quarterly continuous quality improvement meeting.

Corrective actions identified through the CMR should be implemented and monitored in accordance with the Continuous Quality Improvement Policy for systemic issues and the Inmate Safety Program Policy for staff-related issues.

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Nursing Assessment Protocols

725.1 PURPOSE AND SCOPE

The purpose of this policy is to establish standards for evaluating and treating inmates with medical issues that are easily and effectively treated or triaged by nursing personnel who have been properly trained in the use of nursing assessment protocols.

725.1.1 DEFINITIONS

Definitions related to this policy include:

Nursing assessment protocols - Written instructions or guidelines that specify the steps to be taken in evaluating an inmate's health status and providing medical treatment. Protocols may include first-aid procedures for the identification and care of ailments that ordinarily would be treated with over-the-counter (OTC) medication or through self-care. These protocols also may address more serious symptoms, such as chest pain, shortness of breath or intoxication. The protocols provide a sequence of steps to evaluate and stabilize an inmate until a qualified health care professional is contacted and orders for further care are received.

725.2 POLICY

It is the policy of this office that medical care performed by personnel other than a physician shall be performed pursuant to a written protocol or order of the Responsible Physician.

725.3 PROTOCOL DEVELOPMENT AND AUTHORIZATION

The facility's Responsible Physician or the authorized designee shall develop, review and authorize all nursing protocols used for the treatment of inmates, and shall develop, deliver or procure appropriate training for the nurses on their use. Each nursing assessment protocol will have a signed declaration indicating it has been reviewed and approved by the Responsible Physician.

The protocols developed shall be appropriate for the training and experience of the staff members who will deliver the services. Each protocol shall comply with the standards of practice for the level of care the staff members are authorized to provide.

The Responsible Physician shall review the nursing assessment protocols annually, revising as necessary and dating and signing approved protocols.

725.4 TRAINING

Nurses will be trained and approved in the nursing assessment protocols prior to their use. The training shall be documented and should include:

(a) Evidence that new nurses have been trained.

(b) Demonstration of knowledge and skills.

(c) Evidence of annual review of skills.

(d) Evidence of retraining when protocols are introduced or revised.

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725.5 AUTHORIZED USE OF PROTOCOLS

Nursing staff may use a nursing assessment protocol only after they have been trained and authorized by the Responsible Physician. Nursing assessment protocols shall only be used after a nurse fully evaluates the inmate's complaint and the inmate's condition meets the appropriate criteria.

Inmates may only be treated using a nursing protocol for the same condition on two consecutive visits. If the inmate requests service for the same condition a third time, the inmate should be referred to a physician's assistant, nurse practitioner, registered nurse or physician.

When OTCs are administered per the protocol, they do not require the signature of a physician. However, the order and the administration of the medication shall be documented on the medication administration record.

A registered nurse (RN) with clinical experience is considered the minimum certification level required to independently initiate medical treatment. The RN must be present to physically assess the inmate; an assessment can be done via telephone or electronically with permission of the provider when care is provided by the LPN.

Under very specific circumstances (e.g., early detoxification, history of a seizure disorder), it may be acceptable for a RN to initiate a standing order following a telephone consultation with a physician, physician's assistant, psychiatrist, dentist or other person who meets the minimum certification level to initiate such orders. Under these circumstances, it is essential that the inmate be personally evaluated by a physician's assistant, nurse practitioner, registered nurse or physician as soon as practical.

Nursing assessment protocols shall only include approved standing orders in relation to prescription medication, with the exception of protocols addressing an emergency or a life-threatening situation. Treatment with prescription medication may only be initiated upon a written or verbal order from a physician, psychiatrist, dentist or other person who is licensed to dispense medication in the state, either independently or under the supervision of a physician.

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Medical Equipment and Supply Control

726.1 PURPOSE AND SCOPE

This policy outlines the control and inventory process to be utilized in accounting for all medical equipment and supplies. Medical equipment and supplies can pose a hazard for both the inmate population and the staff. Unauthorized possession of medical equipment and supplies constitutes possession of contraband. Unauthorized use of medical equipment and supplies violates inmate rules detailed in the inmate handbook. Since it is necessary to have a well-stocked medical space within the secure perimeter of the facility, there must be a plan to ensure that equipment and medical supplies are accounted for and tightly controlled.

726.2 POLICY

It is the policy of this office that all medical equipment, including sharps, dental instruments, needles and other items must be tightly controlled so they cannot be used as weapons or to facilitate the injection of drugs or other substances. Additionally, these tools and supplies must be controlled to prevent exposure to biohazards.

726.3 STAFF RESPONSIBILITIES

It is the responsibility of the Chief Jail Administrator to ensure that the inmate handbook clearly defines the unauthorized possession and/or use of medical equipment and supplies as a rule violation that may result in discipline.

The Responsible Physician or the authorized designee shall maintain control over all medical equipment and supplies. Medical personnel who work within the facility shall track and control medical equipment and supplies. When not in use, all medical equipment and supplies shall be stored in a secure manner to prevent unauthorized access.

At the beginning of their shift, the qualified health care professional shall inventory the medical supplies and equipment within their control. At the end of their shift, the qualified health care professional shall inventory the medical supplies and equipment within their control.

If there is a discrepancy that indicates that medical supplies or equipment are missing, the Shift Supervisor shall be immediately notified. The Shift Supervisor shall initiate a search for the missing supplies and/or equipment. The Shift Supervisor shall document the incident and any actions taken, and provide the Chief Jail Administrator with a complete report.

726.4 INMATE DIABETICS

The use of syringes by the inmate population will be closely monitored and regulated. Inmates will not be permitted to retain syringes or utilize them outside the immediate area of the medical office. Inmates will only be permitted to handle syringes for the purpose of drawing and self injecting diabetic medications under the close supervision of staff. Direct supervision will be maintained at all times when an inmate is managing their diabetic supplies. It will be the preferred process that medical staff oversee this action when they are on shift. During the absence of medical staff, custody staff who have been trained by medical to monitor the process may do so. All staff will

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ensure that inmates only have access to their designated diabetic supplies and one syringe per injection. At the conclusion of the inmate administering their medication staff will ensure that the syringe is properly disposed of by having the inmate place it in the designated sharps container. Inmates will then be pat searched before being escorted back to their living unit.

Inmates that are on conditions of confinement or other additional security measures such as restrained movement, may require deviation from the above process. Each instance will be on a case by case basis and will be reviewed by medical and a supervisor to determine the safest method to provide this service. There may be some instances where medical will be required to administer all diabetic injections.

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Continuous Quality Improvement

728.1 PURPOSE AND SCOPE

The purpose of this policy is to establish a Continuous Quality Improvement (CQI) process of health care review in an effort to identify improvement needs in policies, processes or staff actions, and to develop and implement better health care strategies to improve the processes and outcomes of the health care services delivered at this facility.

728.2 POLICY

It is the policy of this office that an internal review and CQI process for inmate health care delivery and outcomes is developed and maintained, measurable goals and objectives are established and reviewed annually, and that the process itself is periodically reviewed and updated as needed. The process should be supervised by the Responsible Physician. The data evaluated should result in more effective access to services, an improved quality of care and a better utilization of resources.

728.3 CQI TECHNIQUES AND MONITORING

The CQI process may be applied to any aspect of health care delivery and health service outcomes, including, but not limited to, monitoring and reviewing the following:

- Quality of the medical charts, by the Responsible Physician or the authorized designee
- Investigations of complaints and grievances
- Corrective action plans and plan outcomes
- Deaths in custody, suicide attempts, sentinel events, and incident and management of serious communicable disease outbreaks
- Plans for employee education and training, using investigation findings
- Records of internal review activities
- Quarterly reports to the Responsible Physician and Chief Jail Administrator
- Legal requirements for confidentiality of medical records
- Credentialing (assessing and confirming qualifications), privileging (authorization to provide services), and training of employees and the associated peer review processes
- Condition and effectiveness of the care environment
- Adequacy and quality of supplies and equipment
- Quality of care provided to individual patients
- Accuracy and efficiency of pharmacy services and medication administration
- Ease of access to care
- Risk minimization tactics

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- Data describing the types, quality and quantity of care provided
- Accreditation compliance

728.4 CQI COMMITTEE MEETINGS

The correctional facility CQI committee should meet quarterly under the direction of the Jail Administrator and the Responsible Physician.

The CQI minutes are not subject to disclosure outside of the CQI program, including requests from local, regional and national entities. Other interested parties with a need to know are only entitled to the disclosure of information that includes:

(a) Problems that may have been identified.

(b) Solutions that have been agreed upon.

(c) Persons responsible for implementing the corrective action.

(d) The time frame for implementing the corrective actions.

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Informed Consent and Right to Refuse Medical Care

729.1 PURPOSE AND SCOPE

This policy recognizes that inmates have a right to make informed decisions regarding their health care. It establishes the conditions under which informed consent should be obtained prior to treatment, when medical care may proceed without consent, the documentation process for the refusal of medical care and the retention of refusal forms.

729.1.1 DEFINITIONS

Definitions related to this policy include:

Informed consent - The agreement by an inmate to a treatment, examination or procedure. Consent is sought after the inmate has received the material facts about the nature, consequences and risks of the proposed treatment, the examination or procedure, the alternatives to the treatment and the prognosis if the proposed treatment is not undertaken, in a language understood by the inmate.

729.2 POLICY

It is the policy of this office that, generally, all health care examinations, treatments and procedures shall be conducted with the informed consent of the inmate. Exceptions may include emergencies, life-threatening conditions and public health matters.

729.3 INFORMED CONSENT

The qualified health care professional initiating treatment shall inform the inmate of the nature of the treatment and its possible side effects and risks, as well as the risks associated with not having the treatment.

For invasive procedures or any treatment where there is some risk to the inmate, informed consent is documented on a written form containing the signatures of the inmate and a health services staff witness.

A signed informed consent shall be obtained and witnessed by the prescribing psychiatrist for the initiation of psychotropic medication.

Appropriate arrangements shall be made to provide language translation services as needed before an inmate signs any informed consent form.

729.4 REFUSAL OF TREATMENT

When an inmate refuses medical, mental health or dental treatment or medication, he/she shall be counseled regarding the necessity of the treatment/medication and the consequences of refusal. The healthcare professional shall enter the refusal into the inmate's medical record.

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The qualified health care professional shall include the treatment/medication refused, the risks or consequences of refusal and the inmate's mental status. The refusal shall be witnessed by a staff member.

Documentation regarding the inmate's mental status shall be noted in the medical record, along with a brief note describing the intervention of the qualified health care professional.

It is the responsibility of the qualified health care professional to refer all refusal to the Responsible Physician.

Any time there is a concern about the decision-making capacity of the inmate, an evaluation shall be conducted, particularly if the refusal is for critical or acute care.

All refusals of psychotropic medication shall be referred to the Responsible Physician or the authorized designee.

Any time an inmate refuses to take his/her medication, attend sick call or a scheduled medical appointment the refusal shall be a permanent part of the inmate's medical record.

The inmate may revoke his/her refusal at any time.

729.5 RECORDS

The Chief Jail Administrator or the authorized designee shall work with the Responsible Physician to develop medical care consent and refusal forms and a system for retaining records in the inmate's health file in accordance with established records retention schedules.

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Management of Health Records

730.1 PURPOSE AND SCOPE

The purpose of this policy is to establish a uniform manner of maintaining the active inmate health records for easy accessibility during clinical treatment, and the storage methods for inactive health records. This policy also recommends practices that will ensure the confidentiality of health record information by separating it from custody records.

730.1.1 DEFINITIONS

Definitions related to this policy include:

Protected health information - Information that relates to the inmate's past, present or future physical or mental health or condition, the provision of medical care to the inmate, or the past, present or future payment for the provision of health care to the inmate (45 CFR 160.103).

730.2 POLICY

It is the policy of this office to maintain the confidentiality of inmates' protected health information. Inmate health records will be maintained separately from custody records and under secure conditions, in compliance with all local, state and federal requirements.

The Responsible Physician or the authorized designee will establish standardized facility procedures for recording information in the file and for the control and access to inmate health records. Inmate workers shall not have any access to inmate health records.

730.3 INITIATING A HEALTH RECORD

Following the initial medical screening process, the qualified health care professional shall initiate a health record for each inmate. The Jail Administrator shall be responsible for developing and implementing procedures for standardized record formatting.

730.4 CONFIDENTIALITY OF INMATE HEALTH RECORDS

Information regarding an inmate's health status is confidential. Active health records shall be maintained separately from custody records. Access to an inmate's health record shall be in accordance with state and federal law (Health Insurance Portability and Accountability Act (HIPAA) of 1996 Public Law 104-191 and the implementing regulations).

The inmate's protected health information may be disclosed, with the inmate's written authorization, to any person so designated. A fully completed authorization for release and/or a disclosure of protected health information form shall be required prior to disclosure based upon informed consent.

The inmate's protected health information may be disclosed by the qualified health care professional without the inmate's authorization under certain circumstances and when approved by the Responsible Physician or the authorized designee. Those circumstances include:

(a) To known qualified health care professionals who are members of the health care team responsible for the inmate's care.

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(b) To custody staff regarding inmates as reasonably necessary to protect the safety, security and good order of the facility. Examples may include information that the inmate may be:

1. Suicidal.
2. Homicidal.
3. A clear custodial risk.
4. A clear danger of injury to self or others.
5. Gravely disabled.
6. Receiving psychotropic medications.
7. A communicable disease risk.
8. In need of special housing.

(c) To the local public health officer when an inmate is part of a communicable disease investigation.

(d) Pursuant to a court order or valid subpoena duces tecum, accompanied by a satisfactory assurance that the inmate has been given notice and an opportunity to file an objection or efforts have been made to secure a protective order as required under HIPAA (45 CFR 164.512).

(e) To a law enforcement officer for purposes of a criminal investigation, to avert a serious threat to the health or safety of any person or to fulfill mandatory reporting requirements.

(f) To a law enforcement officer when the inmate has died as a result of criminal conduct.

The inmate's limited protected health information may also be disclosed to a law enforcement officer for purposes of identifying or locating a suspect or when the inmate is a victim of a crime. When reasonably possible, the approval of the Chief Jail Administrator should be obtained prior to disclosure.

Attorneys requesting health record information regarding an inmate should be advised that an authorization for release and/or a disclosure of medical information form or an attorney release form signed by the inmate is required.

Family members may be informed of the inmate's custody status and whether the inmate is receiving medical care. Family members requesting additional information must provide a proper authorization for release and/or disclosure of medical information form.

The Chief Jail Administrator, in consultation with the Responsible Physician, shall designate personnel who will be responsible for reviewing all requests for access to medical records and who will propose related policies and procedures and other activities designed to facilitate proper documentation of health care and access to records.

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730.5 HEALTH RECORD CONTENTS

(a) To standardize record keeping and to identify responsibilities, the following should apply to inmate health records:

1. The qualified health care professional or the authorized designee should be responsible for ensuring that all required information and forms are included in the medical records. There should also be a periodic informal review as described in the Continuous Quality Improvement Policy.
2. The qualified health care professional or the authorized designee should be responsible for ensuring incoming written findings and recommendations are returned with the inmate from any off-site visit and filed in the inmate's medical record.

(b) Inmate health records shall minimally contain, but are not limited to:

1. Identifying information (e.g., inmate name, identification number, date of birth, sex) on each sheet in the file.
2. A completed inmate medical/mental health screening form.
3. Health appraisal information and data forms.
4. Complaints of illness or injury.
5. A problem summary, containing medical and mental health diagnoses and treatments as well as known allergies.
6. Immunization records.
7. Progress notes of all significant findings, diagnoses, treatments and dispositions.
8. Clinician orders for prescribed and administered medications.
9. X-ray and laboratory reports and diagnostic studies.
10. A record of the date, time and place of each clinical encounter with inmates.
11. Health service reports.
12. Individualized treatment plans when available or required.
13. Consent and refusal forms.
14. Release of information authorization forms (including HIPAA forms).
15. Results of specialty consultations and off-site referrals.
16. Special needs treatment plans, if applicable.

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730.6 ACTIVE INMATE HEALTH RECORDS

Active inmate health records will be accessible to qualified health care professionals as necessary for the provision of medical treatment and other uses allowed by law or the Chief Jail Administrator or the authorized designee, under exigent circumstances, to protect the safety, security and good order of the facility.

All entries in the inmate health record will have the place, date, time, signature and title of each individual providing care and should be legible.

Documentation in the inmate health record is done in the subjective, objective, assessment and plan (SOAP) format. An inmate health record is initiated at the first health encounter following the initial medical screening.

If an inmate has been previously incarcerated, the previous health record should be reactivated. If a new record has been initiated and a previous record exists, medical records personnel should merge the two records in order to compile a complete history, unless mandated statutory retention schedules have provided for the destruction of one file and there is a need to create a new file.

New information shall be entered on the health record at the completion of each encounter. All inmate health records shall be returned to the file prior to the end of each watch.

730.7 INACTIVE MEDICAL RECORDS

When an inmate is released from custody, medical records personnel should remove the inmate's health record from the active file.

The health record should be reviewed for completeness. Any loose documents should be filed according to the established health record format.

The health record should be securely stored in the area designated for inactive inmate health records, in accordance with established records retention schedules but no less than 10 years from the date of the last clinical encounter. Adult records and juvenile records may have different jurisdictional retention requirements.

Inactive inmate medical records may be stored off-site. Health record information from inactive files may be transmitted to specific and designated physicians or medical facilities upon the written request or authorization of the inmate.

730.8 ELECTRONIC MEDICAL RECORDS

If medical records are maintained in an electronic format, the system should be structured with redundancies to ensure the records will survive any system failure.

730.9 HIPAA COMPLIANCE

The Chief Jail Administrator, in consultation with the Responsible Physician, shall ensure that a health record protection and disclosure compliance plan conforming to the requirements of HIPAA is prepared and maintained. The plan should detail all necessary procedures for security and review of the access and disclosure of protected health information.

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At minimum, the plan will include:

- Assignment of a HIPAA compliance officer, who is trained in HIPAA compliance and will be responsible for maintaining procedures for and enforcing HIPAA requirements, including receiving and documenting complaints about breaches of privacy.
- Ongoing training on HIPAA requirements, depending on the level of access the member has to protected health information.
- Administrative, physical and technical safeguards to protect the privacy of protected health information.
- Procedures for the permitted or required use of disclosure of protected health information and the mitigation of harm caused by improper use or disclosure. Protocol to ensure privacy policies and procedures, any privacy practice notices, disposition of any complaints, and other actions, activities and designations required to be documented, are maintained for at least six years after the date of creation or last effective date, whichever is later.

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Inmate Health Care Communication

731.1 PURPOSE AND SCOPE

The purpose of this policy is to establish and maintain effective communication between the treating qualified health care professionals and custody personnel. This communication is essential at all levels of the organization to ensure the health and safety of all occupants of the facility.

731.2 POLICY

It is the policy of this office that effective communication shall occur between the Chief Jail Administrator and the treating qualified health care professionals regarding any significant health issues of an inmate. All health issues should be considered during classification and housing decisions in order to preserve the health and safety of the occupants of this facility.

When a qualified health care professional recognizes that an inmate will require accommodation due to a medical or mental health condition, custody personnel shall be promptly notified in writing.

The Chief Jail Administrator shall be responsible for establishing measurable goals relating to processes that enhance good communication between the qualified health care professionals and the custody staff. The Chief Jail Administrator should also establish the desired performance objectives relating to practices that support good communication between the qualified health care professionals and the custody staff. The Chief Jail Administrator should review the documents annually for any necessary revisions or updates in support of continuous improvement in the delivery of health care services.

731.3 MANAGING SPECIAL NEEDS INMATES

Upon an inmate's arrival at the facility, the qualified health care professional, in consultation with the custody staff, should determine if the inmate has any special needs.

(a) If staff determines that an inmate has special needs appropriate documentation relating to special needs should be included in the booking process medical screening, classification, the Shift Supervisor and the staff notified. This is to ensure that the inmate is assigned to a housing unit that is equipped to meet his/her special needs.

(b) The qualified health care professional should arrange for the appropriate follow-up evaluation.

(c) The health care of special needs inmates should be continuous and ongoing. At minimum, the inmate should be seen by the Responsible Physician or a qualified health care professional at least once every 90 days to evaluate his/her continued designation as a special needs inmate.

(d) Inmates who have been determined by qualified health care professionals to require a special needs classification should be seen at least once monthly by a qualified health care professional.

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(e) Prior to transfer to another facility, a medical transfer summary should be completed detailing any special requirements that should be considered while the inmate is in transit and upon his/her arrival at the destination. Discharge planning should be included, as appropriate.

(f) A treatment plan should be developed for each inmate and should include, at a minimum:

1. The frequency of follow-up for medical evaluation and anticipated adjustments of the treatment modality.
2. The type and frequency of diagnostic testing and therapeutic regimens.
3. When appropriate, instructions about diet, exercise, adaptation to the correctional environment and using prescribed medications.

(g) When clinically indicated, the qualified health care professionals and the custody personnel should consult regarding the condition and capabilities of inmates with known medical and/or psychiatric illnesses or developmental disabilities prior to any of the following:

1. Housing assignment
2. Program or job assignment
3. Admissions to, and transfers from or between institutions
4. Disciplinary measures for mentally ill patients

(h) Qualified health care professionals and custody personnel should communicate about inmates who require special accommodation. These include, but are not limited to, inmates who are:

1. Chronically ill
2. Undergoing dialysis
3. In an adult facility, as an adolescent
4. Currently in treatment for a communicable disease
5. Physically disabled
6. Pregnant
7. Frail or elderly
8. Terminally ill
9. Mentally ill or suicidal
10. Developmentally disabled

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731.4 NOTIFICATION TO SUPERVISORS

In the event that there is no mutual agreement regarding an individual or group of inmates who require special accommodation for medical or mental health conditions, supervisors in the respective chain of command within the health care and custody staff should address these issues.

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Forensic Evidence

732.1 PURPOSE AND SCOPE

The purpose of this policy is to maintain credibility between the inmates and the facility's qualified health care professionals by establishing clear guidelines restricting facility health care professionals from participating in the collection of forensic evidence for disciplinary or legal proceedings.

732.1.1 DEFINITION

Definitions related to this policy include:

Forensic evidence - Physical or psychological data collected from an inmate that may be used against the inmate in disciplinary or legal proceedings.

732.2 POLICY

Qualified health care professionals of this facility are generally prohibited from participating in the collection of forensic evidence or performing psychological evaluations for disciplinary or legal proceedings.

Qualified health care professionals of this facility should not be involved in the collection of forensic evidence except when complying with state laws requiring the collection of blood samples from inmates, provided the inmate has consented to the procedure and staff are not involved in any punitive action against the inmate.

Qualified health care professionals of this facility may collect blood or urine for testing for alcohol or drugs when it is done for medical purposes and under a physician's order. Qualified health care professionals of this facility may conduct inmate-specific, court-ordered laboratory tests and examinations or radiology procedures with the consent of the inmate.

Qualified health care professionals of this facility are prohibited from being involved in the following procedures:

(a) Body cavity searches

(b) Psychological evaluations for use in adversarial proceedings

(c) Blood draws for lab studies ordered by the court, without inmate consent

(d) Any medical procedure, except emergency lifesaving measures, that does not have the inmate's written consent

It shall be the responsibility of the Sheriff or the authorized designee to arrange for appropriately trained professionals to collect forensic evidence for disciplinary or legal proceedings.

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Oral Care

733.1 PURPOSE AND SCOPE

The intent of this policy is to ensure that inmates have access to dental care and treatment for serious dental needs. While the focus of this policy is primarily on urgent and emergent dental care, as with medical or mental health care, dental care is available based upon patient need.

733.1.1 DEFINITIONS

Definitions related to this policy include:

Infection control practices - Are defined by the American Dental Association (ADA) and the Centers for Disease Control and Prevention (CDC) as including sterilizing instruments, disinfecting equipment and properly disposing of hazardous waste.

Oral care - Includes instruction in oral hygiene, examinations and treatment of dental problems. Instruction in oral hygiene minimally includes information on plaque control and the proper brushing of teeth.

Oral examination - Includes taking or reviewing the patient's oral history, an extra-oral head and neck examination, charting of teeth and examination of the hard and soft tissue of the oral cavity with a mouth mirror, explorer and adequate illumination.

Oral screening - Includes visual observation of the teeth and gums, and notation of any obvious or gross abnormalities requiring immediate referral to a dentist.

Oral treatment - Includes the full range of services that in the supervising dentist's judgment are necessary for proper mastication and for maintaining the inmate's health status.

733.2 POLICY

It is the policy of this office that oral care is provided under the direction of a dentist licensed in this state and that care is timely and includes immediate access for urgent or painful conditions. There are established priorities for care when, in the dentist's judgment, the inmate's health would otherwise be adversely affected.

733.3 ACCESS TO DENTAL SERVICES

Emergency and medically required dental care is provided to each inmate upon request. Dental services are limited to extractions and to alleviate pain and suffering. Inmates who wish not to lose teeth may make arrangements for additional dental care and the jail will transport the inmate to his/her appointment.

Access to dental services should be as follows:

(a) All inmates wishing to see the dentist for a non-emergency issue shall complete a sick call form. Requests should be triaged according to the nature and severity of the problem and should be seen by a qualified health care professional and referred appropriately.

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(b) If an inmate suffers obvious trauma or other dental emergency, the qualified health care professional may arrange for immediate access to a dentist or may transfer the inmate to an emergency room for treatment.

(c) Inmates who are furloughed may see their own dentist pursuant to approval of scheduling arrangements with facility medical and custody staff. The inmate will be financially responsible for any payment. The Office is under no obligation to transport the inmate to this appointment.

(d) Records documenting all dental treatment should be maintained in the inmate's medical record file and retained in accordance with established records retention schedules. Examination results should be recorded on a uniform dental record using a numbered system.

(e) Medications prescribed by a dentist should be administered in accordance with pharmacy procedures and documented in the inmate's medical record.

(f) Necessary dental services identified by a dentist that are not available on-site should be provided by referral to community resources as deemed necessary by the facility dentist.

733.4 DENTAL CARE OPTIONS

Inmates should be offered a dental screening by a qualified health care professional or a dentist within 14 days of incarceration, unless such a screening was completed within the past six months. This dental screening should include an evaluation of the current dental status and instruction on oral hygiene and preventive oral education.

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Pharmaceutical Operations

734.1 PURPOSE AND SCOPE

The purpose of this policy is to establish the procedures and protocols under which the facility must manage a pharmaceutical operation in order to comply with federal, state and local laws that govern prescribing and administering medication.

734.1.1 DEFINITIONS

Definitions related to this policy include:

Administration - The act of giving a single dose of a prescribed drug or biological substance to an inmate. Administration is limited to qualified health care professionals and health-trained custody staff members in accordance with state law (RCW 70.48.490).

Controlled substances - Medications classified by the Drug Enforcement Administration (DEA) as Schedule II-IV (21 USC § 812).

Delivery - The act of providing a properly labeled prescription container (e.g., a dated container that includes the name of the individual for whom the drug is prescribed, the name of the medication, dose and instructions for taking the medication, the name of the prescribing physician and expiration dates). Under these circumstances a single dose at a time can be delivered to the inmate, according to the written instructions, by any qualified health care professional or health-trained custody staff member under the provisions of RCW 70.48.490.

Dispensing - Those acts of processing a drug for delivery or administration to an inmate pursuant to the order of a qualified health care professional. Dispensing consists of:

- Comparing directions on the label with the directions on the prescription or order to determine accuracy.
- Selection of the drug from stock to fill the order.
- Counting, measuring, compounding or preparing the drug.
- Placing the drug in the proper container and affixing the appropriate prescription label to the container.
- Adding any required notations to the written prescription.

Dispensing does not include the acts of distributing, delivery or administration of the drug. The function of dispensing is limited to pharmacists and qualified health care professionals.

Distributing - The movement of a drug, in the originally labeled manufacturer's container or in a labeled pre-packaged container, from the pharmacy to a health care services area.

Dose - The amount of a drug to be administered at one time.

Drug - An article recognized in the United States Pharmacopoeia and National Formulary (USP-NF), the Homeopathic Pharmacopoeia of the United States or any supplement that is intended for

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use in the diagnosis, cure, mitigation, treatment or prevention of disease in humans. A substance, other than food, intended to affect the structure or any function of the human body.

Pharmaceutical operations - The functions and activities encompassing the procurement, dispensing, distribution, storage and control of all pharmaceuticals used within the correctional facility, the monitoring of inmate drug therapy and the provision of inmate/patient drug information.

734.2 POLICY

It is the policy of this office that pharmaceutical operations meet all federal, state and local legal requirements and be sufficient to meet the needs of the facility population.

The Chief Jail Administrator or the Sheriff shall consult with one or more pharmacists and one or more licensed physicians or nurses in the course of developing the procedures related to this policy. A copy of the current policy regarding medication management will be provided to the Washington Association of Sheriffs and Police Chiefs (RCW 70.48.490).

734.3 PHARMACEUTICAL OPERATIONS

(a) The Responsible Physician, in conjunction with the pharmacist, shall establish a list of all prescription and non-prescription medications available for inmate use.

1. Drugs approved for use in the facility should promote safe, optimum and cost-efficient drug therapy.
2. The list should be periodically updated.

(b) The Responsible Physician, in conjunction with the pharmacist, shall ensure appropriate medication storage, handling and inventory control.

(c) The Responsible Physician shall inspect the pharmaceutical operation quarterly and regularly review charts on medication utilization.

(d) The Responsible Physician shall be responsible for establishing and maintaining a system for the secure storage and accountability of all controlled substances, syringes and needles. A count of syringes, needles and controlled substances shall be taken and verified as correct and documented at the change of each shift by two qualified health care professionals. An incorrect count shall be reported immediately to the Shift Supervisor. Medications shall be stored under proper conditions of security, segregation and environmental control at all storage locations.

1. Medication shall be accessible only to legally authorized persons.
2. Medication and device cabinets (stationary or mobile) shall be closed and locked when not in use.
3. Controlled substances shall be stored and handled in accordance with DEA regulations.
4. Medication requiring refrigeration shall be stored separately, either in a refrigerator that is locked or in a refrigerator that is in a locked room and is used exclusively for medication and medication adjuncts. The inside temperature of this refrigerator shall be maintained between 36 and 46 degrees. The inside

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temperature shall be monitored and recorded daily on a refrigerator temperature log.

5. Antiseptics and other medications for external use shall be stored separately from internal and injectable medications.

(e) Medication shall be kept in pharmacist-packaged or the original manufacturer's labeled containers. Medication shall only be removed from these containers to prepare a dose for administration. Drugs dispensed to inmates who are off grounds or are being discharged from the facility shall be packaged in accordance with the provisions of the federal packaging laws (15 USC § 1471 et seq.) and any other applicable state and federal law.

(f) Medication shall be properly labeled in accordance with RCW 69.41.050 with the label firmly affixed to the prescription package. Each label shall indicate the name, address and telephone number of the dispensing pharmacy, in addition to:

1. The medication name, strength, quantity, manufacturer, manufacturer's lot number or internal control number and expiration date.

2. Directions for use, dispensing date and drug order expiration date. Accessory or cautionary labels shall be applied as appropriate.

3. In cases where a multiple dose package is too small to accommodate the prescription label, the label may be placed on an outer container into which the multiple dose packages are placed.

(g) Medication that is outdated, visibly deteriorated, unlabeled, inadequately labeled, discontinued or obsolete shall be stored in a separate secure storage area and disposed of in accordance with the following requirements:

1. Controlled substances shall be disposed of in accordance with the state and federal regulations.

2. Unused, outdated or discontinued doses or excess inventories of non-controlled drugs that have not been in the possession of the inmate shall be returned to the pharmacy for disposition.

3. Returned, non-controlled substances that have been in the possession of the inmate, unclaimed personal medication collected at intake or individual doses of medication removed from the original pharmacy packaging shall be destroyed at the facility by health services staff and placed in the medical waste disposal system.

4. Pharmaceutical waste shall be separated from other types of medical waste for handling and disposal purposes, and will be discarded in designated containers distinctly identified for medical waste.

(h) All medication preparation, storage and administration areas shall be clean, organized, illuminated, ventilated and maintained at an appropriate temperature range. Any mobile medication cart that is not being used in the administration of medication to inmates shall be stored in a locked room that meets similar requirements.

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(i) Current drug reference information, such as a Physician's Desk Reference (PDR) or an approved website, shall be available to staff.

(j) An annual report on the status of the pharmaceutical operation will be prepared by the pharmacist and provided to the Responsible Physician and the Chief Jail Administrator.

734.4 PRESCRIBING MEDICATIONS

All medications shall be prescribed in a safe and effective manner for clinically appropriate reasons and documented in the individual patient medical record. Records shall be retained in accordance with established records retention schedules.

(a) Any medication prescribed by a qualified health care professional shall specify the drug name, strength, dose, route, frequency, discontinuation date and indication for use if the medication is intended to be used as needed. Medication shall not be prescribed for an indefinite period. The qualified health care professional shall review medication regimens at specified time intervals. An order to continue or discontinue any medication shall be documented in the medical record, which will supersede any earlier orders for that medication. A physician's signature shall be required on all verbal orders within 72 hours of the order.

(b) Any medication prescription that is not complete or is questionable shall not be prepared until clarification is received from the qualified health care professional. Staff shall make an effort to obtain prescription clarification in a timely manner.

(c) Medication shall only be ordered upon approval of the Responsible Physician. Medication shall be prescribed and ordered from the facility list of approved medications unless the Responsible Physician approves otherwise.

(d) Some inmates may be permitted to possess and self-administer some medications when monitored and controlled, in accordance with this policy.

(e) Apparent adverse drug reactions shall be recorded in the inmate's health record by the qualified health care professional.

(f) The qualified health care professional shall notify the Shift Supervisor of all known medication errors in a timely manner. Medication error shall be documented as medication errors in the inmate's medical record.

734.5 PER DOSE MEDICATION ADMINISTRATION

Psychotropic medication, controlled substances, tuberculosis (TB) medication, seizure medication and those listed as directly observed therapy (DOT) shall be administered to inmates on a per dose basis. Health-trained custody staff members may administer medication on the order of the Responsible Physician or a qualified health care professional.

(a) Each medication ordered on a per dose basis for individual inmates shall be kept in the medication room of the facility.

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(b) Medication dispensing envelopes bearing the inmate's name, booking number, housing location and the medication and its dosing schedule shall be generated for each inmate receiving per dose medication. These shall be administered from the individually packaged supply and delivered to the patient at each scheduled medication time.

(c) The qualified health care professional or health-trained custody staff member will confirm the inmate's identity prior to administering the medication by comparing the name/booking number on the dispensing envelope with the inmate's identification photo.

1. Inmates should have a fluid container and adequate fluid to take the medication being administered.
2. The qualified health care professional or health-trained custody staff member should observe the inmate taking the medication to prevent "cheeking" or "palming".
3. The qualified health care professional or health-trained custody staff member should inspect the inmate's mouth after the inmate swallows the medication to ensure it was completely ingested. If the inmate appears to be "cheeking" the medication, a chart entry will be made and a notation entered on the medication envelope, as well as the back of the Medication Administration Record (MAR).

(d) The qualified health care professional or health-trained custody staff member shall record each medication administered by initialing the appropriate date and time. The qualified health care professional or health-trained custody staff member shall authenticate the initials by placing his/her initials, signature or name stamp in the designated area on the lower portion of the MAR. Pre-charting is not allowed.

1. In the event that medication cannot be administered (for example, the inmate is in court or the medication is not in stock), a note explaining the situation and planned action shall be made on the back of the MAR or on a progress note.

(e) The qualified health care professional or health-trained custody staff member shall have inmates who refuse their medication discuss their refusal with the Jail Administrator and/or the Responsible Physician to attempt to resolve the situation through voluntary compliance. The qualified health care professional or health-trained custody staff member shall also:

1. Note the refusal on the medication log including the date and time.
2. Review the medication logs for prior refusals.
3. Document patterns of refused medications on the inmate's medical record.
4. Make a reasonable effort to convince the inmate to voluntarily continue with the medication as prescribed.

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5. Report continued refusals to the Responsible Physician.

(f) No inmate should be deprived of prescribed medication as a means of punishment.

734.6 SELF-ADMINISTRATION OF MEDICATION

Upon approval of the Responsible Physician or qualified health care professional, inmates may be allowed to self-administer prescribed medication other than psychotropic medication, seizure medication, controlled drugs, TB medication or any medication that is required to be DOT or has the recognized potential for abuse.

The qualified health care professional ordering medication should educate the inmate regarding potential side effects and the proper use of the medication.

(a) Medication may be ordered through a pre-booking examination or medical clearance obtained at a hospital or other clinic, an emergency room visit or evaluation by an on-site qualified health care professional.

(b) Any questions the inmate may have concerning his/her medication should be addressed at this time.

(c) The inmate shall be instructed to have the medication at all times in the designated area within the housing unit.

(d) All self-administered medications are to be documented on the MAR.

(e) Upon receipt of the medication, the qualified health care professional or health-trained custody staff member should issue the inmate his/her medication as follows:

1. The qualified health care professional or health-trained custody staff member issuing the medication should confirm correct identity by comparing the name/booking number of the self-administer package to the inmate's booking photo.

2. When issuing self-administered medication, documentation on the MAR should include the number of pills issued and the qualified health care professional or health-trained custody staff member's initials.

(f) To ensure continuous quality improvement staff should monitor inmate compliance by randomly reviewing inmates MAR for the proper dose and schedule.

(g) Any self-administered medication may be changed to per-dose at the discretion of the medical staff if the inmate is not responsible enough to self-administer the medication or has a history of frequent rule violations. Documentation in the medical record should accompany any decision to change the medication to per-dose. Custody and health care staff should continuously monitor and communicate with each other regarding inmates complying with the conditions and rules for self-administered medication.

(h) Inmates who arrive at the facility with prescribed medication should be administered per-dose for any new medications or refills until the new medication or refill is received from the pharmacy.

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734.7 NON-PRESCRIPTION MEDICATION

Any over-the-counter non-prescription medication available to inmates for purchase in the facility commissary shall be approved jointly by the Chief Jail Administrator and the Responsible Physician and shall be reviewed annually.

The Chief Jail Administrator and the Responsible Physician should establish a limit on the amount of non-prescription medication an inmate may purchase and have in his/her possession at any time. Inmates with medication in an amount above the proscribed limit may be subject to disciplinary sanctions.

734.8 TRAINING

All health-trained custody staff members authorized to deliver, administer and provide medication assistance shall be trained pursuant to the provisions of RCW 70.48.490 prior to engaging in any tasks related to delivery or administration of medication (RCW 70.48.490).

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Release Planning

735.1 PURPOSE AND SCOPE

This office recognizes that inmates may require information and assistance with health care follow-up upon release from custody. The purpose of this policy is to establish guidelines to assist staff with providing resources for the continuity of an inmate's health care after he/she is released from custody.

735.1.1 DEFINITION

Definitions related to this policy include:

Release planning - The process of providing sufficient resources for the continuity of health care to an inmate before his/her release to the community.

735.2 POLICY

The qualified health care professional should work with correctional staff to ensure that inmates who have been in custody for 30 or more days and have pending release dates, as well as serious health, dental or mental health needs, are provided with medication and health care resources sufficient for the inmate to seek health care services once released.

The Chief Jail Administrator, Jail Transition Officer or the authorized designee shall be responsible for ensuring that release preparation curriculum and materials are developed and maintained for this purpose, and that community resource information is kept current. Release planning should include:

(a) Resources for community-based organizations that provide health care services, housing, funding streams, employment and vocational rehabilitation.

(b) Lists of community health professionals.

(c) Discussions with the inmate that emphasize the importance of appropriate follow-up care.

(d) Specific appointments and medications that are arranged for the inmate at the time of release.

735.3 PREPARATION FOR RELEASE

Upon notification of the imminent release of an inmate who has been identified as having serious medical or mental health needs, release planning shall include the following:

(a) A medical assessment of the inmate's immediate medical needs, and information concerning arrangements should be made for community follow-up including sufficient medication.

(b) With the inmate's written consent, the qualified health care professional should:

1. Share necessary information with health care services.

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2. Provide follow-up appointment information.

3. Arrange for the transfer of health summaries and relevant parts of the health record to community health care services or others who are assisting in planning for or providing services upon the inmate's release.

(c) Contact with community providers shall be documented by the Jail Transition Officer.

(d) Inmates with serious mental health issues, including those receiving psychotropic medication, shall be informed about community options for continuing treatment and provided with follow-up appointments, when reasonably possible.

(e) Medication will be provided as appropriate.

735.4 RELEASE PLANNING RECORDS

All records of community referrals, transfer forms, logs, documentation of release planning, lists of medication provided, records release authorization forms and any other relevant documents shall be maintained in the inmate's health file or the Jail Transition Officers records and retained in accordance with established records retention schedules.

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Privacy of Care

736.1 PURPOSE AND SCOPE

This policy recognizes that inmates have a right to privacy and confidentiality regarding their health-related issues. It also recognizes inmates' right to health care services that are provided in such a manner as to ensure that privacy and confidentiality, and encourage inmates use and trust of the facility's health care system.

736.1.1 DEFINITION

Definitions related to this policy include:

Clinical encounters - Interactions between inmates and health care professionals involving a treatment and/or an exchange of confidential health information.

736.2 POLICY

It is the policy of this office that, in order to instill confidence in the health care system by the inmate population, all discussions of health-related issues and clinical encounters, absent an emergency situation, will be conducted in a setting that respects the inmate's privacy and encourages the inmate's continued use of health care services.

736.3 CLINICAL EVALUATIONS

Emergency evaluations and rendering of first aid should be conducted at the site of the emergency, if reasonably practicable, with transfer to the medical clinic or emergency room as soon as the inmate is stabilized.

Inmates shall have a same-sex escort for encounters with an opposite-sex qualified health care professional or health-trained custody staff member, as appropriate.

Custody personnel should only be present to provide security if the inmate poses a risk to the safety of the qualified health care professional or others.

736.4 REPORTING INAPPROPRIATE ACCESS OF MEDICAL INFORMATION

The Chief Jail Administrator and the Responsible Physician shall establish a process for staff, inmates or any other persons to report the improper access or use of medical records.

736.5 TRAINING

All corrections personnel, interpreters and qualified health care professionals who are assigned to a position that enables them to observe or hear qualified health care professional/inmate encounters shall receive appropriate training on the importance of maintaining confidentiality when dealing with inmate health care. The Jail Administrator shall be responsible for scheduling such training and for maintaining training records that show the employee attended, in accordance with established records retention schedules.

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Continuation of Care

758.1 PURPOSE AND SCOPE

The purpose of this policy is to establish and maintain a proactive health system in the facility that fosters the continuation of health care needs that, if discontinued, would have a negative effect on the health of the inmate. The sole objective is to maintain or improve the health of the inmates. This policy is intended to ensure that inmates receive health services in keeping with current community standards as ordered by qualified health care professionals.

758.2 POLICY

It is the policy of this office that all inmates shall have access to the continuation of care for a health issue, provided the treatment plan meets community standards. The inmate's health care needs will be assessed by qualified health care professionals and continued as determined or referred after release.

758.3 CONTINUITY OF CARE

The Chief Jail Administrator is responsible for coordinating with the Responsible Physician to ensure that all inmates receive appropriate health care, including but not limited to:

(a) Newly booked inmates shall have a medical screening as part of the booking and classification process. This screening includes documentation of acute or chronic health issues or conditions, existing injuries, and medications or treatments the inmate is currently receiving.

1. Any prior correctional facility health records, including those from other facilities, should be reviewed.
2. Current medications will be verified and continued as deemed appropriate by the Responsible Physician or the authorized designee except that medication prescribed to treat a serious mental illness shall be continued if the inmate is medically stable on the medication. Such medication shall not be substituted unless it is discontinued or the generic form is clinically identical (RCW 10.77.109).

(b) A health assessment is completed on or before the 14th day of continuous incarceration.

(c) Individual treatment plans that are used to guide treatment. The format for planning may vary but should include, at a minimum:

1. The frequency of follow-up for medical evaluation and adjustment of treatment modality.
2. The type and frequency of diagnostic testing and therapeutic regimens.
3. When appropriate, instructions about diet, exercise, medication, and adaptation to the correctional environment.
4. Custody staff is informed of the treatment plan when necessary to ensure coordination and cooperation in the ongoing care of the inmate.

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(d) Reasonable effort should be made to obtain information and records relating to previous health care professionals, with the consent of the inmate, if the inmate is currently under medical care.

(e) Upon transfer to another facility, a medical discharge summary of the inmate's current condition, medications, and treatment plan will be forwarded in a sealed envelope (to maintain confidentiality) to the receiving facility.

(f) Response to requests for health information from medical facilities and health care professionals, with the inmate's written consent.

(g) When inmates are sent out of the facility for emergency or specialty medical treatment, written information regarding the inmate's reason for transfer, pertinent medical problems, and list of current medications should be sent with the inmate and may be given to those providing care upon request. The name and phone number of a contact person who the medical facility can call should be included with the patient health information. Upon the inmate's return to the facility, treatment recommendations should be reviewed by the Responsible Physician or the authorized designee and appropriate plans should be made for continuing care in the facility based on the treating facility's diagnosis, recommended medications, and other treatment.

(h) Upon release from the facility, inmates should be given written instructions for the continuation of care, including but not limited to:

1. The name and contact information of health care facilities for follow-up appointments.
2. Prescriptions and/or an adequate supply of medication for those with chronic medical or psychiatric conditions.

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Chapter 8 - Environmental Health

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Sanitation Inspections

800.1 PURPOSE AND SCOPE

The Island County Sheriff's Office has established a plan to promote and inspect the environmental safety and sanitation requirements established by applicable laws, ordinances and regulations. This policy establishes a plan of housekeeping tasks and inspections required to identify and correct unsanitary or unsafe conditions or work practices in this facility.

800.2 POLICY

It is the policy of the Office to maintain a safe and sanitary facility. To accomplish this goal the Office will maintain a written plan that contains schedules and procedures for conducting weekly and monthly sanitation inspections of the facility. The Chief Jail Administrator will ensure that the plan addresses, at minimum, the following:

(a) Schedules of functions (e.g., daily, weekly, monthly or seasonal cleaning, maintenance, pest control and safety surveys).

(b) Self-inspection check lists to identify problems and to ensure cleanliness of the facility.

(c) Procedures, schedules and responsibilities for coordinating annual inspections by the county health department, including how deficiencies on the inspection report are to be corrected in a timely manner.

(d) A list of approved equipment, cleaning compounds, chemicals and related materials used in the facility, and instructions on how to operate, dilute or apply the material in a safe manner.

(e) Record-keeping of self-inspection procedures, forms and actions taken to correct deficiencies.

(f) Training requirements for custody staff and inmate workers on accident prevention and avoidance of hazards with regard to facility maintenance.

Consideration should be given to general job descriptions and/or limitations relating to personnel or inmates assigned to carrying out the plan. Specialized tasks, such as changing air filters and cleaning ducts or facility pest control, are more appropriately handled by the Maintenance Department or by contract with private firms.

Inmates engaged in sanitation duties shall do so only under the direct supervision of qualified custody staff. When inmate work crews are used, additional controls should be implemented to account for all equipment and cleaning materials.

All staff shall report any unsanitary or unsafe conditions to a supervisor. Staff shall report repairs needed to the physical plant and equipment by informing a supervisor. Shift Supervisors should conduct cleaning inspections on a daily basis. The Chief Jail Administrator or the authorized designee may conduct weekly safety and sanitation inspections of the facility.

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800.3 WORK ORDERS

All reports of unsafe or unsanitary conditions as well as repairs needed to the physical plant and equipment shall be documented in a work request. The Chief Jail Administrator or shift supervisor should take appropriate action to ensure the repairs are made. Reports for budget resources above and beyond already budgeted maintenance items shall be reported to the Chief Jail Administrator.

800.4 MATERIAL SAFETY DATA SHEETS (MSDS)

Materials and substances used in the operation and maintenance of the facility may qualify as hazardous material. Hazardous material is required to have a companion Material Safety Data Sheet (MSDS) that is provided by the manufacturer or distributor of the material. The MSDS provides vital information on individual hazardous material and substances, including instructions on safe handling, storage, and disposal, prohibited interactions and other details relative to the specific material.

The Chief Jail Administrator shall be responsible for ensuring that a written hazard communication plan is developed, implemented and maintained at each workplace. Each area of the facility in which any hazardous material is stored or used shall maintain a MSDS file in an identified location that includes (29 CFR 1910.1200(e)(1)):

(a) A list of all areas where hazardous materials are stored.

(b) A physical plant diagram and legend identifying the storage areas of the hazardous material.

(c) A log for identification of new or revised MSDS materials.

(d) A log for documentation of training by users of the hazardous material.

800.4.1 MSDS USE, SAFETY AND TRAINING

All supervisors and users of MSDS information must review the latest issuance from the manufacturers of the relevant substances. Staff and detainees shall have ready and continuous access to the MSDS for the substance they are using while working. In addition, the following shall be completed (29 CFR 1910.1200(e)(1)(ii)):

(a) Supervisors shall conduct training for all staff and inmates on using the MSDS for the safe use, handling and disposal of hazardous material in areas they supervise.

(b) Upon completion of the training, staff and inmates shall sign the acknowledgement form kept with each MSDS in their work area.

(c) Staff and detainees using the MSDS shall review the information as necessary to be aware of any updates and to remain familiar with the safe use, handling and disposal of any hazardous material in their workplace.

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800.4.2 MSDS DOCUMENTATION MAINTENANCE

Changes in MSDS information occur often and without general notice. Any person accepting a delivery, addition, or replacement hazardous material shall review the accompanying MSDS. If additions or changes have occurred, the revised MSDS shall be incorporated into the file and a notation shall be made in the MSDS revision log.

Supervisors shall review MSDS information in their work areas semi-annually to determine if the information is up-to-date and that appropriate training has been completed. Upon review, a copy of the MSDS file and all logs shall be forwarded to the Maintenance Supervisor or the authorized designee.

800.4.3 MSDS RECORDS MASTER INDEX

The Maintenance Supervisor or the authorized designee will compile a master index of all hazardous materials in the facility, including locations, along with a master file of MSDS information. He/she will maintain this information in the safety office (or equivalent), with a copy to the local fire department. Documentation of the semi-annual reviews will be maintained in the MSDS master file. The master index should also include a comprehensive, up-to-date list of emergency phone numbers (e.g., fire department, poison control center) (29 CFR 1910.1200(g)(8)).

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Hazardous Waste and Sewage Disposal

802.1 PURPOSE AND SCOPE

The purpose of this policy is to establish a system for disposing of hazardous waste. The Office recognizes that the effectiveness of a disposal system depends not only on the written policies, procedures and precautions, but on adequate supervision and the responsible behavior of the staff and inmates. It is the responsibility of everyone in the facility to follow hazardous waste disposal instructions, utilizing prescribed precautions and using safety equipment properly.

802.1.1 DEFINITION

Definitions related to this policy include:

Hazardous waste - Material that poses a threat or risk to public health or safety or is harmful to the environment (e.g., batteries, paints, solvents, engine oils and fluids, cleaning products).

802.2 POLICY

It is the policy of this office that any sewage and hazardous waste generated at the facility shall be handled, stored and disposed of safely and in accordance with all applicable federal and state regulations and in consultation with the local public health entity. The Chief Jail Administrator or the authorized designee shall be responsible for:

- Locating the services of a hazardous waste disposal service.
- Developing and implementing a storage and disposal plan that has been reviewed and approved by a regulatory agency.
- Including hazardous waste issues on internal health and sanitation inspection checklists.
- Including hazardous waste issues in the inmate handbook and ensuring that inmates receive instruction on proper handling and disposal during inmate orientation.
- Developing and implementing procedures for the safe handling and storage of hazardous materials until such time as the material is removed from the facility.
- Ensuring the staff is trained in the proper identification of hazardous waste and the appropriate handling, storage and disposal of such items.

802.3 DISPOSAL PROCEDURE

802.3.1 SEWAGE DISPOSAL

All sewage and liquid waste matter must be disposed of into a public system.

802.3.2 HAZARDOUS WASTE

Hazardous waste generated in the facility shall be properly disposed in designated containers and stored until removed to be destroyed. Staff shall use universal standard precautions when in contact with hazardous materials, at a minimum, unless directed otherwise.

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802.4 SAFETY EQUIPMENT

The Chief Jail Administrator shall ensure that appropriate safety equipment is available. All supervisors shall be knowledgeable in how to access the safety equipment at all times.

802.5 TRAINING

The Jail Administrator shall be responsible for ensuring that all facility personnel receive appropriate training in the use of appropriate safety equipment and the identification, handling and disposal of hazardous waste. Training records shall be maintained, including the course roster, curriculum, instructor name and credentials, and testing instruments.

802.6 SUPERVISOR RESPONSIBILITY

Supervisors are responsible for monitoring any hazardous waste containment issue, ensuring that employees have the appropriate safety equipment, that any exposed persons receive immediate medical treatment, and that the appropriate measures are taken to lessen the exposure of others. Supervisors shall ensure that incident reports are completed and forwarded to the Chief Jail Administrator in the event of an exposure to staff, inmates or visitors.

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Housekeeping and Maintenance

804.1 PURPOSE AND SCOPE

The purpose of this policy is to establish guidelines to ensure that the facility is kept clean and in good repair in accordance with accepted federal, state and county standards.

804.2 POLICY

The Chief Jail Administrator shall establish housekeeping and maintenance plans that address all areas of the facility. The plan should include, but is not limited to:

- Schedules that determine the frequency of cleaning activities on a daily, weekly or monthly timetable, by area of the facility.
- Supervision of the staff and inmates to ensure proper implementation of the procedures and to ensure that no inmate supervises or assigns work to another inmate.
- Development and implementation of an overall sanitation plan (e.g., cleaning, maintenance, inspection, staff training, inmate supervision).
- Development of inspection forms.
- All inmate responsibilities, which should be included in the inmate handbook.
- A process to ensure that deficiencies identified during inspections are satisfactorily corrected and documented.
- Detailed processes for the procurement, storage and inventory of cleaning supplies and equipment.
- A process for the preventive maintenance of equipment and systems throughout the facility.
- Staff supervision of the provision and use of cleaning tools and supplies.

To the extent possible, cleaning and janitorial supplies shall be nontoxic to humans. Any poisonous, caustic or otherwise harmful substances used for cleaning shall be clearly labeled and kept in a locked storage area.

804.3 SANITATION SCHEDULE

A daily, weekly and monthly cleaning schedule will be established by the shift supervisor. The facility staff should implement a site specific plan for cleaning and maintenance of each area of the correctional facility (e.g., housing, food preparation, laundry, loading dock/trash storage, common areas). The following recommendations include, but are not limited to, specific areas and items:

(a) Daily cleaning:

1. Sweep and then wet mop the entire jail floor
2. Clean all cell block areas

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3. Empty all trash receptacles
4. Clean all toilets and sinks
5. Clean all showers

(b) Weekly cleaning:

1. Dust bars and window ledges
2. Clean air conditioning/heating grates
3. Clean mattresses (mattresses are also to be cleaned prior to being issued to a new inmate)
4. Pour water down floor drains to test for flow

(c) Monthly cleaning:

1. Walls
2. Ceilings

804.4 TRAINING

All custodial staff and inmate workers assigned cleaning duties shall receive instruction commensurate with their tasks, including proper cleaning techniques, the safe use of cleaning chemicals and areas of responsibility.

804.5 INSPECTION CHECKLIST

The Chief Jail Administrator or the authorized designee should develop an inspection checklist that includes the cleaning and maintenance items that will be checked by supervisors on a daily, weekly and monthly basis throughout the facility.

The inspection checklist will closely correspond to the established cleaning and maintenance schedule.

Inspection checklists shall be forwarded to the Chief Jail Administrator or the authorized designee for annual review, filing and retention as required by the established records retention schedule.

804.6 CLEANING SUPPLIES, HAZARDOUS MATERIALS AND FLAMMABLE MATERIALS

Inmates will receive training on how to handle cleaning supplies, hazardous materials and flammable materials. Inmates will be provided proper PPE before handling supplies or materials that may pose a risk to their health. Staff will monitor inmates when handling cleaners, hazardous/ flammable materials and will account for said items at the conclusion of the work assignment to ensure they are properly stored, accounted for and or disposed of.

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Physical Plant Compliance with Codes

806.1 PURPOSE AND SCOPE

The purpose of this policy is to establish the timeline, process and responsibilities for facility maintenance, inspections and equipment testing in compliance with all applicable federal, state and local building codes.

806.2 POLICY

It is the policy of this office that all construction of the physical plant (renovations, additions, new construction) will be reviewed and inspected in compliance with all applicable federal, state and local building codes. All equipment and mechanical systems will be routinely inspected, tested and maintained in accordance with applicable laws and regulations.

806.3 COMPLIANCE WITH CODES AND STATUTES

Plumbing, sewage disposal, solid waste disposal and plant maintenance conditions will comply with rules and regulations imposed by state regulatory entities governing such practices.

806.4 RESPONSIBILITIES

The Chief Jail Administrator shall be responsible for establishing and monitoring the facility maintenance schedule, the inspection schedules of the Shift Supervisors and deputies, and ensuring that any deficiencies discovered are corrected in a timely manner.

Copies of the local jurisdiction's applicable health and sanitation codes shall be kept in the facility by the Chief Jail Administrator or the authorized designee. The Chief Jail Administrator or the authorized designee is responsible for developing internal health and sanitation inspection checklists, for maintaining valid licensing and sanitation certificates and inspection reports and for proof of corrective actions.

806.5 PROCEDURE

All safety equipment (e.g., emergency lighting, generators and/or an uninterruptible power source (UPS)) shall be tested at least quarterly. Power generators and UPS equipment should be inspected weekly and load-tested quarterly or according to the manufacturer's instructions. All completed inspection forms shall be kept on file for review by the appropriate office committees or external agencies.

Any remodeling or new construction shall have prior approval of the local fire, building and health authorities. Any required plans and permits will be procured prior to the commencement of any changes to the facility.

The following areas of the facility shall be inspected and evaluated for functionality, wear, and rodent or pest infestation. The list is not meant to be all inclusive:

- Admissions
- Food services

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- Inmate housing
- Laundry
- Loading dock/trash storage
- Water systems and plumbing
- Emergency generators
- Fire safety equipment
- The entire physical structure of the facility, including, roof, walls, exterior doors, mechanical systems and lighting

806.6 PLUMBING - FLOOR DRAINS

Floor drains must be flushed weekly and all traps must contain water to prevent the escape of sewer gas. Grids and grates must be present.

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Water Supply

808.1 PURPOSE AND SCOPE

The Island County Sheriff's Office recognizes the importance of providing the facility with safe potable water. The purpose of this policy is to establish guidelines for testing the facility's water to ensure that the water is safe to consume.

808.2 POLICY

In compliance with water standards set by law, this facility will ensure the continued supply of safe potable water for the use of inmates, staff and visitors through annual testing of water supplies.

808.3 PROCEDURE

The Chief Jail Administrator shall ensure that the facility's potable water source is tested by an independent public or private testing service at least once each year. Water quality will be certified to be in compliance with all state and local regulations. Corrective measures shall be promptly taken if the test results fall below acceptable regulatory standards.

In the event that water testing reveals any significant hazards to the inmates or staff at the facility, the Sheriff, Chief Jail Administrator and the Responsible Physician shall take immediate action to mitigate the problem.

The testing results, valid certificates of the sampling entity and the testing laboratory shall be kept in accordance with established records retention schedules (WAC 44-14-03005).

Where the facility's water supply is obtained from a private source, the source shall be properly located, constructed and operated to protect it from contamination and pollution and the water shall meet all current standards set by the applicable state and/or local authority regarding bacteriological, chemical and physical tests for purity.

For facilities not served by a public or regulated private water supply, the water should be tested daily by the local authority within the facility's jurisdiction.

808.4 EMERGENCY PLAN

The Chief Jail Administrator and the Responsible Physician shall develop a plan for the supply of potable water for drinking and cooking in the event that a man-made or natural disaster interrupts the regular water supply. The plan shall address methods for providing clean potable water for a minimum of three days, and should have contingency plans for emergencies lasting longer than three days. The plan should also include contingencies for the use of non-potable water to flush toilets and remove effluent from the facility.

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Vermin and Pest Control

810.1 PURPOSE AND SCOPE

The purpose of this policy is to establish inspection, identification and eradication processes designed to keep vermin and pests controlled in accordance with the requirements established by all applicable laws, ordinances and regulations of the local public health entity.

810.2 POLICY

It is the policy of this office that vermin and pests be controlled within the facility. The Chief Jail Administrator or the authorized designee shall be responsible for developing and implementing this policy, in cooperation with the Responsible Physician and the local public health entity, for the sanitation and control of vermin and pests and to establish medical protocols for treating inmate clothing, personal effects and living areas, with specific guidelines for treating an infested inmate.

810.3 PEST CONTROL SERVICES

The Chief Jail Administrator or the authorized designee shall be responsible for procuring the services of a licensed pest control professional to perform inspections of the facility at least monthly and to treat areas as required to ensure that vermin and pests are controlled.

810.4 PREVENTION AND CONTROL

Many infestations and infections are the result of a recently admitted inmate who is vermin infested or whose property is vermin infested. Most infestations are spread by direct contact with an infected person or with infested clothing and bedding. Inmates with lice or mites should be treated with approved pediculicides as soon as the infestation is identified to avoid spreading it. To reduce the chance of further transmission, separate quarters for inmates undergoing treatment for lice should be used as described in the Communicable Diseases Policy.

Because the use of the treatment chemicals can cause allergic reactions and other negative effects, treatment should be done only when an infestation is identified and not as a matter of routine.

Clothing, bedding and other property that is suspected of being infested shall either be removed from the facility or cleaned and treated by the following methods, as appropriate or as directed by the pest control provider or the Responsible Physician:

- Washing in water at 140 degrees for 20 minutes
- Tumbling in a clothes dryer at 140 degrees for 20 minutes
- Dry cleaning
- Storing in sealed plastic bags for 30 days
- Treating with an insecticide specifically labeled for this purpose

Head lice and their eggs are generally found on the head hairs. There may be some uncertainty about the effectiveness of some available pediculicides to kill the eggs of head lice. Therefore

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some products recommend a second treatment seven to 10 days after the first. During the interim, before the second application, eggs of head lice could hatch and there is a possibility that lice could be transmitted to others.

Pubic lice and their eggs are generally found on the hairs of the pubic area and adjacent hairy parts of the body, although they can occur on almost any hairy part of the body, including the hair under the arm and on the eyelashes.

Pubic lice and their eggs are generally successfully treated by the available pediculicides. However, when the eyelashes are infested with pubic lice and their eggs, a physician should perform the treatment.

Successful treatment depends on careful inspection of the inmate and proper application of the appropriate product. The area used to delouse inmates needs to be separate from the rest of the facility. All of the surfaces in the treatment area must be sanitized. There must be a shower as part of the delousing area.

The supervisor shall document the date of treatment, the area treated, the pest treated and the treatment used.

810.5 LABELING AND SECURE STORAGE OF COMPOUNDS

Containers of pest exterminating compounds shall be conspicuously labeled for identification of contents. The containers shall be securely stored separately from food and kitchenware, and shall not be accessible by inmates.

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Inmate Safety

812.1 PURPOSE AND SCOPE

The purpose of this policy is to establish a safety program to reduce inmate injuries by analyzing causes of injuries and identifying and implementing corrective measures.

812.2 POLICY

The Island County Sheriff's Office will provide a safe environment for individuals confined at this facility, in accordance with all applicable laws, by establishing an effective safety program, investigating inmate injuries and taking corrective actions as necessary to reduce accidents and injury.

The Sheriff shall appoint a safety committee member who will be responsible for the development, implementation and oversight of the safety program. This program will include, but not be limited to:

- A system to identify and evaluate hazards, including scheduled inspections to identify unsafe conditions.
- Analysis of inmate injury reports to identify causes and to recommend corrective actions.
- Establishment of methods and procedures to correct unsafe and/or unhealthful conditions and work practices in a timely manner.

812.3 INVESTIGATION OF REPORTED INMATE INJURY

Whenever there is a report of an injury to an inmate that is the result of accidental or intentional acts, other than an authorized use of force by custody staff, the Jail Administrator or the authorized designee will initiate an investigation to determine the cause of the injury and develop a plan of action whenever a deficiency is identified. Injuries resulting from use of force incidents will be investigated and reported in accordance with the Use of Force Policy.

812.4 INVESTIGATION REPORTS

The Shift Supervisor shall ensure that reports relating to an inmate's injury are completed and should include the following:

- Incident reports
- Investigative reports
- Health record entries
- Any other relevant documents
- Statements from all staff involved

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812.5 ANNUAL REVIEWS

The Jail Administrator or the authorized designee shall conduct an annual review of all injuries involving inmates for the purpose of identifying problem areas and documenting a plan of action to abate circumstances relating to inmate injuries.

The plan of action should include, but not be limited to:

- The area where the deficiencies have been identified.
- Strategies to abate the deficiency.
- Resources needed to correct a deficiency.
- The person or persons responsible for taking corrective action and the target completion date.

The Sheriff shall consult with the Office risk manager to coordinate corrective action or to seek managerial/administrative guidance for implementing corrective action.

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Inmate Hygiene

814.1 PURPOSE AND SCOPE

This policy outlines the procedures that will be taken to ensure the personal hygiene of every inmate in the Island County Sheriff's Office correctional facility is maintained. The Island County Sheriff's Office recognizes the importance of each inmate maintaining acceptable personal hygiene practices by providing adequate bathing facilities, hair care services, the issuance and exchange of clothing, bedding, linens, towels and other necessary personal hygiene items.

814.2 POLICY

It is the policy of Island County Sheriff's Office facility to maintain a high standard of hygiene in compliance with the requirements established by all state laws, ordinances and regulations. Compliance with laws and regulations relating to good inmate hygiene practice is closely linked with good sanitation practices. Therefore, the need to maintain a high level of hygiene is not only for the protection of all inmates, but for the safety of the correctional staff, volunteers, contractors and visitors. The Chief Jail Administrator shall ensure the basic necessities related to personal care are provided to each inmate at the time of booking. Appropriate additional personal care items may be available for purchase from the inmate commissary.

814.3 STORAGE SPACE

There should be adequate and appropriate storage space for inmates' bedding, linen or clothing. The inventory of clothing, bedding, linen and towels should exceed the maximum inmate population so that a reserve is always available.

The facility should have clothing, bedding, personal hygiene items, cleaning supplies and any other items required for the daily operation of the facility, including the exchange or disposal of soiled or depleted items. The assigned staff shall ensure that the storage areas are properly maintained and stocked. The Chief Jail Administrator should be notified if additional storage space is needed.

814.3.1 BEDDING ISSUE

Upon entering a living area of the Island County Sheriff's Office correctional facility, every inmate who is expected to remain in the facility for over eight hours shall be issued bedding and linens including, but not limited to:

(a) Sufficient freshly laundered blankets to provide comfort under existing temperature conditions. Blankets shall be exchanged and laundered in accordance with facility operational laundry rules.

(b) One clean, firm, fire-retardant mattress.

1. Mattresses will be serviceable, fire-retardant and enclosed in an easily cleanable, non-absorbable material and conform to the size of the bunk (16 CFR 1633). Mattresses will be cleaned and disinfected when an inmate is moved or released before being re-issued to another inmate.

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(c) Two sheets or one sheet and a clean mattress cover.

(d) One clean wash cloth, hand towel and bath towel.

(e) One pillow and pillowcase.

Linen exchange, including towels, shall occur at least weekly and shall be documented in the daily activity log. The Shift Supervisor shall review the daily activity log at least once per shift.

The Chief Jail Administrator or the authorized designee shall conduct both scheduled and unannounced inspections of the facility to ensure that bedding issuance policies and procedures are carried out in accordance with the applicable laws and regulations.

814.3.2 CLOTHING ISSUE

An inmate admitted to a facility for 72 hours or more and assigned to a living unit shall be issued a set of facility clothing. The issue of clothing appropriate to the climate for inmates shall include, but not be limited to:

- Clean socks.
- Suitable outer and undergarments.

An inmate who is issued a change of clothing upon admission to the facility may have his/her personal clothing returned after laundering, at the discretion of the Chief Jail Administrator.

Clothing shall be exchanged twice each week, at a minimum. All exchanges shall be documented on the daily activity log. The Shift Supervisor or unit supervisor shall review the daily activity log at least once per shift.

Additional clothing may be issued as necessary for changing weather conditions or as seasonally appropriate. An inmate’s personal undergarments and footwear may be substituted for the institutional undergarments and footwear, provided there is a legitimate medical necessity for the items and they are approved by the medical staff.

Each inmate assigned to a special work area, such as food service, medical, farm, sanitation, mechanical and other specified work, shall be clothed in accordance with the requirements of the job, including any appropriate protective clothing and equipment and shall be exchanged as frequently as the work assignment requires.

The Chief Jail Administrator or the authorized designee shall conduct both scheduled and unannounced inspections of the facility to ensure that clothing issuance policies and procedures are carried out in accordance with the applicable laws and regulations.

The Chief Jail Administrator or the authorized designee shall ensure that the facility maintains a sufficient inventory of extra clothing to ensure each inmate shall have neat and clean clothing appropriate to the season.

An inmate’s excess personal clothing shall be mailed, picked up by or transported to a designated family member or stored in containers designed for such purpose. All inmate personal property

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shall be properly identified, inventoried and secured. Inmates shall sign and receive a copy of the inventory record.

814.4 LAUNDRY SERVICES

Laundry services shall be managed so that daily clothing, linen and bedding needs are met.

814.5 INMATE ACCOUNTABILITY

To ensure inmate accountability, inmates are required to exchange item for item when clean clothing, bedding and linen exchange occurs.

Prior to being placed in a housing unit, inmates shall be provided with an inmate handbook listing this requirement.

814.6 PERSONAL HYGIENE OF INMATES

Personal hygiene items, bedding, clothing, hair care services and facilities for showers will be provided in accordance with applicable laws and regulations. This is to maintain a standard of hygiene among inmates in compliance with the requirements established by state laws as part of a healthy living environment.

Each inmate held more than 24 hours shall be issued, at a minimum, the following items:

- One bar of bath soap or equivalent
- One unbreakable comb or brush
- Toothpaste or powder
- Toothbrush
- Shampoo or equivalent
- Shaving equipment on scheduled days
- Toilet paper
- Materials as appropriate to the special hygiene needs of women

The Chief Jail Administrator or the authorized designee may modify this list to accommodate the use of liquid soap and shampoo dispensers. Personal hygiene items should be appropriate for the inmate's sex. The facility shall replenish supplies as requested. Indigent inmates shall receive personal hygiene supplies in accordance with the Indigent Inmates Policy.

Inmates shall not be required to share personal care items or disposable razors. Used razors are to be disposed. Other barbering equipment capable of breaking the skin must be disinfected between individual uses, as prescribed by the state governing body overseeing such practices.

Inmates, except those who may not shave for reasons of identification in court, shall be allowed to shave daily. The Chief Jail Administrator or the authorized designee may suspend this requirement for any inmate who is considered a danger to him/herself or others.

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814.7 BARBER AND COSMETOLOGY SERVICES

The Chief Jail Administrator or the authorized designee shall be responsible for developing and maintaining a schedule for hair care services provided to the inmate population and will have written policies and procedures for accessing these services (see the Grooming Policy). The Chief Jail Administrator shall ensure that the rules are included in the inmate handbook.

814.7.1 SCHEDULE FOR HAIR CARE SERVICES

Inmates shall have the ability to receive hair care services once per month. Records of hair care services shall be documented.

Prior to being placed in a housing unit, inmates will be given an inmate handbook, which details how to request hair care services.

814.7.2 HAIR CARE SPACE

Due to sanitation concerns, the hair care services should be located in an area that is designated for that purpose. The floors, walls, cabinets, countertops and ceilings should be smooth, non-absorbent and easily cleanable. The room should be supplied with hot and cold water under pressure. The minimum hot water temperature must comply with local building and health department standards.

After each haircut, all tools that came into contact with the inmate shall be thoroughly cleaned and sanitized according to established guidelines and regulations.

Single-use items, such as cotton pads and neck strips, shall be properly disposed of immediately after a single use.

Barbers or beauticians shall not provide hair care service to any inmate when the skin of the face, neck or scalp is inflamed, or when there is scaling, pus or other evidence of skin eruptions, unless it is performed in accordance with the specific written authorization of the Responsible Physician. Any person infested with head lice shall not be given hair care service until cleared by the medical staff.

The hair care services area shall be maintained and kept clean according to the requirements of the health department standards.

814.8 AVAILABILITY OF PLUMBING FIXTURES

Inmates confined to cells or sleeping areas shall have access to toilets and washbasins with hot and cold running water that is temperature controlled. Access shall be available at all hours of the day and night without staff assistance.

The minimum number of plumbing fixtures provided for inmates in housing units is:

- One sink/washbasin for every 12 inmates.
- One toilet to every 12 male inmates (urinals may be provided for up to half the toilets).
- One toilet to every eight female inmates.

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814.9 INMATE SHOWERS

Inmates will be allowed to shower upon assignment to a housing unit and every other day thereafter or more often if possible. There should be one shower for every 20 inmates unless federal, state or local building or health codes differ. Showering facilities for inmates housed at this facility shall be clean and properly maintained. Water temperature shall be periodically measured to ensure a range of 100 to 120 degrees for the safety of inmates and staff, and shall be recorded and maintained.

Inmates shall be permitted to shower, perform bodily functions and change clothing without non-medical staff of the opposite sex viewing their breasts, buttocks or genitalia,except in exigent circumstances or when such viewing is incidental to routine cell checks. Staff of the opposite sex shall announce their presence when entering an inmate housing unit (28 CFR 115.15).

Transgender and intersex inmates shall be given the opportunity to shower separately from other inmates (28 CFR 115.42).

814.10 DELOUSING MATERIALS

Delousing materials and procedures shall be approved through consultation with the Responsible Physician or qualified health care professionals.

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Chapter 9 - Food Services

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Food Services

900.1 PURPOSE AND SCOPE

The Office recognizes the importance of providing nutritious food and services to inmates to promote good health, to reduce tension in the correctional facility and ultimately support the safety and security of the correctional facility. This policy provides guidelines on the preparation of food services items and dietary considerations for inmates housed in the facility.

900.2 POLICY

It is the policy of this office that food services shall provide inmates with a nutritionally balanced diet in accordance with federal, state and local laws, and with regulations for daily nutritional requirements.

The food services operation shall be sanitary and shall meet the acceptable standards of food procurement, planning, preparation, service, storage and sanitation in compliance with Food and Drug Administration (FDA) and United States Department of Agriculture (USDA) requirements.

900.3 FOOD SERVICES MANAGER

The food services manager shall be responsible for oversight of the day-to-day management and operation of the food services area, including:

- Developing, implementing and managing a budget for food services.
- Ensuring sufficient staff is assigned and scheduled to efficiently and safely carry out all functions of food services operations.
- Establishing, developing and coordinating appropriate training for staff and inmate workers.
- Developing a menu plan that meets all nutrition and portion requirements and can be produced within the available budget.
- Other duties and activities as determined by the Chief Jail Administrator.

900.4 MENU PLANNING

All menus shall be planned, dated and available for review at least one month in advance of their use. Records of menus and of foods purchased shall be kept on file for one month. Menus shall provide a variety of foods and should consider food flavor, texture, temperature, appearance and palatability. Menus shall be approved by a registered dietitian or nutritionist before being served to ensure the recommended dietary allowance for basic nutrition meets the needs of the appropriate age group.

Any changes to the meal schedule, menu or practices should be carefully evaluated by the food services manager in consultation with the Chief Jail Administrator, dietician, medical staff and other professionals, and shall be recorded. All substitutions will be of equal or better nutritional

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value. If any meal served varies from the planned menu, the change shall be noted in writing on the menu and/or production sheet.

Menus as planned, including changes, shall be evaluated by a registered dietitian at least annually. Facility menus shall be evaluated at least quarterly by the food services supervisory staff to ensure adherence to established daily servings.

Copies of menus, foods purchased, annual reviews and quarterly evaluations should be maintained by the food services manager in accordance with established records retention schedules (WAC 44-14-03005).

900.5 FOOD SAFETY

Temperatures in all food storage areas should be checked and recorded at the beginning of each shift, but shall be checked and recorded at least once daily. Holding temperatures for cold and hot foods shall be checked and recorded every two hours. Hot food shall be reheated to 165 degrees if it falls below 135 degrees at any time.

All reach-in or walk-in refrigerators and cold storage must maintain food temperature below 41 degrees. All freezers, other than during the defrosting cycle, must maintain a temperature of 0 degrees or lower.

One sample for each meal served shall be dated and maintained under refrigeration for testing in the event of a food-borne illness outbreak. Sample meals shall be discarded at the end of three days if no food-borne illness is reported.

Food production shall be stopped immediately if there is any sewage backup in the preparation area or if there is no warm water available for washing hands. Food production shall not resume until these conditions have been corrected.

900.6 THERAPEUTIC DIETS

The food services manager shall be responsible for ensuring that all inmates who have been prescribed therapeutic diets by qualified health care professionals are provided with compliant meals. A therapeutic diet manual, which includes samples of medical diets, shall be maintained in the health services and food services areas for reference and information.

More complete information may be found in the Prescribed Therapeutic Diets Policy.

Women who are known to be pregnant or lactating shall be provided a balanced, nutritious diet approved by a physician.

900.7 RELIGIOUS DIETS

The Food Services Manager, to the extent reasonably practicable, will provide special diets for inmates in compliance with the parameters of the Religious Programs Policy and the Religious Land Use and Institutionalized Persons Act (RLUIPA).

When religious diets are provided, they shall conform to the nutritional and caloric requirements for non-religious diets.

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900.8 FOOD SERVICES REQUIREMENTS

All reasonable efforts shall be made to protect inmates from food-borne illness. Food services staff shall adhere to sanitation and food storage practices and there shall be proper medical screening and clearance of all food handlers in accordance with the Food Services Workers' Health, Safety and Supervision Policy.

Food production and services will be under staff supervision. Food production, storage and food handling practices will follow the appropriate federal, state or local sanitation laws.

900.9 MEAL SERVICE PROCEDURE

Inmate meals that are served in a day room should be provided in space that allows groups of inmates to dine together, with a minimum of 15 square feet of space per inmate. A dining area shall not contain toilets or showers in the same room without appropriate visual barriers.

Meals shall be served at least three times during each 24-hour period. At least one meal must include hot food. Any deviation from this requirement shall be subject to the review and approval of a registered dietitian to ensure that inmates receive meals that meet nutritional guidelines.

Inmates must be provided a minimum of 15 minutes dining time for each meal. There must be no more than 14 hours between a substantial evening meal and breakfast. A substantial evening meal is classified as a serving of three or more menu items at one time to include a high quality protein, such as meat, fish, eggs or cheese. The meal shall represent no less than 20 percent of the day's total nutrition requirements. If more than 14 hours pass between meals, approved snacks will be provided. If a nourishing snack is provided at bedtime, up to 16 hours may elapse between the substantial evening meal and breakfast. A nourishing snack is classified as a combination of two or more food items from two of the four food groups, such as cheese and crackers or fresh fruit and cottage cheese.

Inmates who miss, or may miss, a regularly scheduled meal must be provided with a beverage and a sandwich or substitute meal. Approved snacks should be served to inmates on medical diets in less than the 14-hour period if prescribed by the Responsible Physician or registered dietitian. Inmates on medical or therapeutic meals who miss their regularly scheduled meal will be provided with their prescribed meal.

As the mealtime approaches, facility staff should direct the inmates to get dressed and be ready for meals. Inmates should be assembled and a head count taken, to verify all inmates in the housing location are present. Staff should be alert to signs of injury or indications of altercations, and should investigate any such signs accordingly. Staff should remain alert to the potential for altercation during inmate movement and meals. Meals shall be served under the direct supervision of staff.

Staff should direct an orderly filing of inmates to receive meals. Staff should identify inmates who have prescribed therapeutic or authorized religious diets so those inmates receive their meals accordingly.

It shall be the responsibility of the deputies to maintain order and enforce rules prohibiting excessive noise and intimidation of other inmates to relinquish food during mealtime.

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An area should be designated for inmates who have been prescribed a longer time to eat by a qualified health care professional or as deemed appropriate by a supervisor.

To the extent reasonably practical correctional personnel should view inmates eating in the dining areas.

The Shift Supervisor should observe the meal services to assess the meal services process, the quality of food and any health or security issues.

In the interest of security, sanitation and vermin control, inmates shall not be allowed to store food in their housing areas except for commissary items.

900.10 EMERGENCY MEAL SERVICE PLAN

The food services manager shall establish and maintain an emergency meal service plan for the facility.

Such a plan should ensure that there is at least a seven-day supply of food maintained in storage for inmates. In the event of an emergency that precludes the preparation of at least one hot meal per day, the Chief Jail Administrator may declare an "Emergency Suspension of Standards" for the period of time the emergency exists.

During an emergency suspension, the food services manager shall ensure that minimum nutritional and caloric requirements are met.

In the event that the inmate food supply drops below that which is needed to provide meals for two days, the Chief Jail Administrator or the authorized designee shall purchase food from wholesale or retail outlets to maintain at least a four-day supply during the emergency.

Depending on the severity and length of the emergency, the Sheriff should consider requesting assistance from allied agencies through mutual aid or the National Guard.

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Food Services Training

901.1 PURPOSE AND SCOPE

The purpose of this policy is to reduce the risk of potential injury to staff, contractors and inmate workers in the food services areas by developing and implementing a comprehensive training program in the use of equipment and safety procedures.

901.2 POLICY

The Island County Sheriff's Office ensures a safe and sanitary environment is maintained for the storage and preparation of meals through the appropriate training of food services staff and inmate workers.

901.3 TRAINING

The food services manager, under the direction of the Chief Jail Administrator, is responsible for ensuring that a training in the use of equipment and safety procedures for all food services personnel, including staff, contractors and inmate workers.

The training shall include, at minimum:

(a) Work safety practices and use of safety equipment.

(b) Sanitation in the facility's food services areas.

(c) Reducing risks associated with operating machinery.

(d) Proper use of chemicals in food services areas.

(e) Employing safe practices.

(f) Facility emergency procedures.

A statement describing the duties and proper time schedule should be developed for each job function in the facility's kitchen and food services operation. The food services manager, at the direction of the Chief Jail Administrator, should establish an employee/kitchen worker training course, and all staff or inmate workers shall be trained on how to assemble, operate, clean and sanitize kitchen equipment.

Information about the operation, cleaning and care of equipment, including manufacturer's literature, that is suitable for use as reference material shall be kept in the food services operation area. The reference material should be used in developing training on the use of the equipment and the maintenance and cleaning procedures.

Safety and sanitation shall be the primary consideration in equipment purchase and replacement. Placement and installation of equipment must be carefully planned to facilitate cleaning, sanitizing, service and repairs. The equipment must also meet any applicable government codes.

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901.4 TESTING

A test should be given to determine that the food services worker understands the proper procedures demonstrated during training. Food services workers are required to pass the test in order to work in the food services area. Upon achievement of a passing score, the food services worker shall acknowledge receipt of the training in writing. The signed document shall be forwarded to the Jail Administrator. Contracted service providers should be required to provide documentation and certification of their employees. Only trained personnel are authorized to use food services equipment.

901.5 BRIEFING TRAINING

The food services manager should consider daily briefing training as a method of staff development. Regular and repetitive trainings of short duration (8 to 10 minutes) at the beginning of each shift are an effective and cost efficient way to maintain the competency of staff.

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Dietary Guidelines

902.1 PURPOSE AND SCOPE

The purpose of this policy is to ensure that the nutritional needs of the inmates are met and that overall health is promoted through the use of balanced nutritious diets.

902.2 POLICY

It is the policy of this office that diets provided by this facility will meet or exceed the guidelines established in the current publication of the U.S. Department of Agriculture's Dietary Guidelines for Americans (DGA).

902.3 REVIEW OF DIETARY ALLOWANCES

The food services manager is responsible for developing the facility's menus and shall ensure that all menus served by food services comply with the DGA guidelines. Any deviation from the DGA guidelines shall be reviewed by the Chief Jail Administrator and the Responsible Physician.

The food services manager or the authorized designee shall ensure that the facility's menus and dietary allowances are evaluated annually by a registered dietician, and that any changes meet the DGA guidelines. A registered dietitian must approve menus before they are used.

Menus should be evaluated at least quarterly by food services supervisory staff to verify adherence to the established daily serving requirements.

902.4 MENU CYCLE PLANNING

The food services manager or the authorized designee should plan the menus one month in advance of their use.

Any changes to the menu must be recorded and kept until the next annual inspection. Any menu substitutions must use better or similar items. The planning and preparation of all meals should consider the overall palatability of the planned meal including the appearance and temperature of the food, and the flavor and texture of food combinations.

Menus should include the following minimum food group allowances:

(a) Dairy Group: Three servings of fatfree or lowfat milk or food providing at least 250 mg. of calcium and equivalent to 8 ounces of fluid milk. Four servings for women who are pregnant or lactating.

(b) Vegetable-Fruit Group: Five servings of fruits and vegetables. At least one serving shall be from each of the following three categories:

1. One serving of a fresh fruit or vegetable.
2. One serving of a Vitamin A source, fruit or vegetable, containing at least 200 micrograms retinol equivalents or more.
3. One serving of a Vitamin C source containing at least 30 mg. or more.

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(c) Grain Group: A minimum of six servings of grains, three of which must be made with some whole grains.

(d) Protein Group: Three servings of lean meat, fish, eggs, cooked dry beans, peas, lentils, nuts, peanut butter or textured vegetable protein, equivalent to 14 grams or more of protein. In addition, a fourth serving from the legumes category shall be served three days a week.

(e) Total dietary fat should not exceed 30 percent of the total calories on a weekly basis. Fat shall be added only in minimum amounts necessary to make the diet palatable.

Providing only the minimum servings outlined in the requirements above is not sufficient to meet the caloric requirements of an inmate. Additional servings of dairy, vegetable-fruit and grain groups must be provided in amounts to meet caloric requirements.

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Food Services Workers' Health, Safety and Supervision

903.1 PURPOSE AND SCOPE

The purpose of this policy is to establish basic personal health, hygiene, sanitation and safety requirements to be followed by all food services workers and to ensure the proper supervision of food services staff and inmate workers.

903.2 POLICY

The Island County Sheriff's Office will ensure that meals are nutritionally balanced, safe and prepared and served in accordance with applicable health and safety laws. All inmate food services workers will be properly supervised by custody staff to ensure safety and security at all times.

903.3 FOOD SERVICES MANAGER RESPONSIBILITIES

The food services manager is responsible for developing and implementing procedures to ensure that all meals are prepared, delivered and served only under direct monitoring by staff.

Work assignments shall be developed to ensure that sufficient food services staff is available to monitor inmate food services workers. The food services manager should coordinate with the corrections supervisor to ensure that sufficient correctional staff is available to supervise inmate meal service.

The food preparation area must remain clean and sanitary at all times. The food services manager or the authorized designee shall post daily, weekly and monthly cleaning schedules for the equipment and food preparation area.

903.4 MEDICAL SCREENING

The food services manager shall work cooperatively with the Responsible Physician and Environmental Health Food Inspector to develop procedures to minimize the potential for spreading contagious disease and food-borne illness. In an effort to prevent the spread of illness, the following shall be observed:

(a) All food services workers/inmate food service workers shall have a pre-employment/ pre-assignment medical examination, in accordance with local requirements, to ensure freedom from diarrhea, skin infections and other illnesses transmissible by food or utensils.

(b) Periodic reexaminations of food services workers/inmate food service workers shall be given to ensure freedom from any disease transmissible by food or utensils.

(c) Food services workers shall have education and ongoing monitoring in accordance with the standards set forth in the applicable government health and safety codes.

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(d) A supervisor shall inspect and monitor all persons working in any food services area on a daily basis for health and cleanliness, and shall remove anyone exhibiting any signs of food-transmissible disease from any food services area.

(e) Any person working in any food services area who is diagnosed by a qualified health care professional with a contagious illness should be excluded from the food services areas until medically cleared to return to work.

(f) All food handlers shall wash their hands when reporting for duty and after using toilet facilities. Aprons shall be removed and secured in a clean storage area before entering the toilet facility.

(g) Food services workers shall wear disposable plastic gloves and a protective hair covering, such as a hat or hairnet, when handling or serving food. Gloves shall be changed after each task is completed.

(h) Any outside vendor must submit evidence of compliance with state and local regulations regarding food safety practices.

(i) Smoking at any time is prohibited in any food services area (RCW 70.160.030).

(j) Documentation of compliance with all of the above and with any other risk-minimizing efforts implemented to reduce food transmissible disease shall be maintained in accordance with established records retention schedules (WAC 44-14-03005).

(k) All food services workers shall report to a supervisor any information about their health and activities in accordance with health and safety codes as they relate to diseases that are transmittable through food, (e.g., open sores, runny nose, sore throat, cough, vomiting, diarrhea, fever, recent exposure to contagious diseases such as Hepatitis A or tuberculosis).

Any food services worker/inmate food service workers is prohibited from handling food or working in any food services area if he/she reports symptoms such as vomiting, diarrhea, jaundice, sore throat with fever or has a lesion containing pus, such as a boil or infected wound that is open or draining. Food service workers shall only return to work in food service areas when cleared by a qualified health care professional.

903.5 TRAINING REQUIREMENTS FOR FOOD SERVICES WORKERS

The food services manager is responsible for developing and implementing a training program for inmate food services that includes food safety, proper food-handling techniques and personal hygiene. Each inmate food services worker shall satisfactorily complete the initial training prior to being assigned to prepare, deliver or serve food. Food services workers should receive periodic supplemental training as determined by the food services manager.

The training curriculum for inmate food services workers should include, at minimum, the following topics:

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- Proper hand-washing techniques and personal hygiene as it applies to food services work
- Proper application and rotation of gloves when handling food
- Proper use of protective hair coverings, such as hats or hairnets
- Wearing clean aprons and removing aprons prior to entering toilet facilities
- Maintaining proper cooking and holding temperatures for food
- Proper portioning and serving of food
- Covering coughs and sneezes to reduce the risk of food-borne illness transmission
- Reporting illness, cuts or sores to the custody staff in charge

903.6 SUPERVISION OF INMATE WORKERS

Only personnel authorized to work in the food preparation area will be allowed inside. Inmate food handlers working in the kitchen shall be under the supervision of the correction staff. Kitchen staff member will be responsible for the oversight of daily activities and ensuring food safety. Kitchen staff shall closely monitor inmate food services workers. Kitchen staff shall ensure that inmate food services workers do not misuse or misappropriate tools or utensils, and that all workers adhere to the following:

- Correct ingredients are used in the proper proportions.
- Food is maintained at proper temperatures.
- Food is washed and handled properly.
- Food is served using the right utensils and in the proper portion sizes.
- Utensils such as knives, cutting boards, pots, pans, trays and food carts used in the preparation, serving or consumption of food are properly washed and sanitized after use. Disposable utensils and dishes will not be reused.
- All utensils are securely stored under sanitary conditions when finished.

903.7 SUPERVISION OF THE FOOD SUPPLY

The risk of conflict and protest is reduced when the inmate population has confidence in the safety and quality of their food. Custody staff should supervise the transport and delivery of food to the respective serving areas. Custody staff should ensure the food is protected during transportation, delivered to the right location efficiently and under the right temperatures.

Food services staff should report any suspected breech in the safety or security of the food supply. Staff should be alert to inmate behavior when serving food, and cognizant of any comments concerning perceived contamination or portioning issues. Staff should report any suspicion of inmate unrest to a supervisor.

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Food Services Workers' Health, Safety and Supervision

Any change to the published menu or the standard portioning should be documented and reported to the food services manager as soon as practicable.

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Food Preparation Areas

904.1 PURPOSE AND SCOPE

This policy is intended to ensure the proper design and maintenance of the food preparation area.

904.2 POLICY

It is the policy of this office to comply with all federal, state and local laws and regulations concerning the institutional preparation of food.

904.3 COMPLIANCE WITH CODES

The Chief Jail Administrator is responsible for ensuring that food preparation and service areas are in compliance with all applicable laws and regulations and that food preparation areas are sanitary, well lit, ventilated and have adequate temperature-controlled storage for food supplies.

Any physical changes in the food preparation area, such as changing equipment or making major menu changes (from cold production to hot food), must be approved by the local public health entity to ensure adequate food protection.

Living or sleeping quarters are prohibited in the food preparation and food services areas.

The food preparation area must avoid cross contamination and remain free from vermin infestation.

904.4 CONSTRUCTION REQUIREMENTS

All remodeling and new construction of food preparation areas shall comply with federal, state and local building codes, comply with food and agricultural laws and standards and include any required approvals from any local regulatory authority.

The food preparation area shall be sized to include space and equipment for adequate food preparation for the facility's population size, type of food preparation and methods of meal service.

Floors, floor coverings, walls, wall coverings and ceilings should be designed, constructed and installed so they are smooth, non-absorbent and attached so that they are easily cleanable.

Except in the area used only for dry storage, porous concrete blocks or bricks used for interior walls shall be finished and sealed for a smooth, non-absorbent, easily cleanable surface.

Food storage areas shall be appropriately clean, sized, typed and temperature-controlled for the food being stored.

Lighting throughout the kitchen and storage areas shall be sufficient for staff and inmates to perform necessary tasks.

Mechanical ventilation of sufficient capacity to keep rooms free of excessive heat, steam, condensation, vapors, obnoxious odors, smoke and fumes shall be provided, if necessary.

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All equipment used in the food preparation area shall be commercial grade and certified by the American National Standards Institute or approved by a registered environmental health professional/sanitarian.

Dishwashing machines will operate in accordance with the manufacturer recommendations and hot water temperatures will comply with federal, state and local health requirements.

Equipment must be smooth, easy to clean, and easy to disassemble for frequent cleaning.

Equipment should be corrosion resistant and free of pits, crevices or sharp corners.

Dry food storage must have sufficient space to store a minimum of 15 days of supplies. All food must be stored in sealed containers and a minimum of 6 inches off the floor.

904.5 TOILETS AND WASHBASINS

Adequate toilet and washbasin facilities shall be located in the vicinity of the food preparation area for convenient sanitation and proper hygiene. Toilet facilities shall be completely enclosed and shall have tight-fitting, self-closing, solid doors, which shall be closed except during cleaning and maintenance.

Signs shall be conspicuously posted throughout the food preparation area and in each restroom informing all food services staff and inmate workers to wash their hands after using the restroom. Signs shall be printed in English and in other languages as may be dictated by the demographic of the inmate population.

To reduce the potential for contaminants being brought into the food preparation area, toilet facilities in the vicinity of the food preparation area should be limited to use by the food services staff and inmate workers only. Anyone working in the food services area must store their aprons in a designated clean area before entering the toilet facilities.

The food services manager shall be responsible for procedures to ensure:

(a) All fixtures in the toilet facilities are clean and in good operating condition.

(b) A supply of toilet tissue is maintained at each toilet at all times. Toilet facilities used by women shall have at least one covered waste receptacle.

(c) The hand-washing station located adjacent to the toilet facility has warm water available and is kept clean and in good operating condition. Single-dispensing soap and a method for drying hands shall be provided at all times.

If the toilet facility is outside of the kitchen area, food services workers must wash their hands after using the toilet facility and again upon returning to the kitchen area before preparing or serving food.

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Food Budgeting and Accounting

905.1 PURPOSE AND SCOPE

The purpose of this policy is to establish processes that will enable the facility's food services to operate within its allocated budget, and for the development of specifications for purchasing food, equipment and supplies for the delivery of food services.

905.2 POLICY

The Island County Sheriff's Office food services facilities shall serve nutritious meals in an efficient and cost-effective manner in accordance with the Washington State Department of Health and with all other applicable laws and standards.

905.3 FOOD SERVICES MANAGER RESPONSIBILITIES

The food services manager is responsible for establishing a per meal, per inmate budget for food, equipment and supplies that are needed for the effective operation of the facility food services. This includes monitoring purchases according to the budgeted weekly and monthly spending plans.

The volume for purchasing should be based upon the food services needs and storage availability. The food services manager is responsible for establishing and maintaining detailed records and proper accounting procedures, and should be prepared to justify all expenditures and establish future budget requirements.

905.4 PROCEDURE

The food services manager is responsible for ensuring that food services are delivered in an efficient and cost-effective manner by employing the following procedures, including, but not limited to:

(a) Developing an annual budget that is realistically calculated according to previous spending data and available revenue, and lists all anticipated costs for the food services operation for the coming year.

(b) Establishing a per meal, per inmate cost using an inventory of existing supplies and planned purchases, minus the anticipated ending inventory.

(c) Ensuring that accurate meal record data is collected and maintained. Meal records should include, but not be limited to, the date and time of service and the number of:

1. Meals prepared and served for each meal period.
2. Meals served per location.
3. Prescribed therapeutic diet meals served.
4. Authorized religious diet meals served.
5. Authorized disciplinary detention diet meals served.

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(d) Ensuring that food is purchased from an approved wholesale/institutional vendor to ensure food safety.

(e) Bulk-purchasing nonperishable items to maximize the budget dollars.

(f) Continuous monitoring and improvement to minimize poor food management and/or accounting, including, but not limited to:

1. Following planned menus.
2. Inspection of food deliveries to ensure the right quantity is delivered and the condition of the food is acceptable.
3. Purchasing food that is in season.
4. Purchasing the grade of product best suited to the recipe.
5. Following standard recipes.
6. Producing and portioning only what is needed.
7. Minimizing food production waste and establishing appropriate food storage and rotation practices, including proper refrigeration.
8. When reasonably practicable, responding to the inmate's food preferences.
9. Establishing minimum staffing requirements based on the layout and security requirements of the facility.
10. Budgeting adequately for equipment repair and replacement, factoring in any labor cost savings, the need for heavy-duty equipment with corrections packages for safety and inmate abuse.

(g) Establishing purchasing specifications, which are statements of minimum quality standards and other factors, such as quantity and packaging. A basic specification should contain:

1. The common name of the product.
2. The amount to be purchased.
3. The trade, federal or other grade or brand required.
4. The container size and either an exact, or a range of the number of pieces in a shipping container.
5. The unit on which prices are to be quoted (e.g., 6/#10 cans, 10/gallons).

(h) Establishing accounting procedures for financial statements and inventory control.

(i) Maintaining records of invoices, purchase orders, meal count sheets, food production records, therapeutic and religious diet records, inventory of food, supplies and equipment for the required period of time, as mandated by the governing body of the facility.

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905.5 MONTHLY REPORTING

The food services manager is responsible for ensuring that accurate meal record data is collected and maintained. Meal records should include, but not be limited to, the number of:

(a) Meals prepared and served for each meal period.

(b) Meals served per location.

(c) Prescribed therapeutic diet meals served.

(d) Authorized religious diet meals served.

(e) Authorized disciplinary diet meals served.

A monthly report summarizing all data should be provided to the Chief Jail Administrator.

All meal records shall be retained in accordance with office retention schedules and state statutory regulations (WAC 44-14-03005).

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Food Services Facilities Inspection

906.1 PURPOSE AND SCOPE

The purpose of this policy is to establish guidelines for inspecting food services areas and facilities to ensure a safe and sanitary environment for staff and inmates.

906.2 POLICY

It is the policy of the Island County Sheriff's Office that the food services area be maintained in a safe, sanitary condition by conducting regularly scheduled inspections, both by facility staff and by an outside independent inspection authority as may be required by law.

906.3 CLEANING AND INSPECTIONS BY STAFF

The food services manager shall ensure the dining and food preparation areas and all equipment in the food services area are inspected weekly. Adequate hot and cold water should be available in the kitchen. Water temperature of all fixtures, including washing equipment, should be checked and recorded weekly to ensure compliance with the required temperature range. Deficiencies noted by inspections shall be promptly addressed.

A cleaning schedule for each food services area shall be developed and posted for easy reference by staff, and shall include areas such as floors, walls, windows and vent hoods. Equipment, such as chairs, tables, fryers and ovens, should be grouped by frequency of cleaning as follows:

- After each use
- Each shift
- Daily
- Weekly
- Monthly
- Semi-annually
- Annually

The food services manager is responsible for establishing and maintaining a record-keeping system to document the periodic testing of sanitary conditions and safety measures, in accordance with established records retention schedules (WAC 44-14-03005). At the direction of the Chief Jail Administrator or the authorized designee, the food services manager shall take prompt action to correct any identified problems.

906.3.1 SAFETY INSPECTION CHECKLIST

The following items should be part of the weekly inspection:

- Lighting is adequate and functioning properly.
- Ample working space is available.

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Food Services Facilities Inspection

- Equipment is securely anchored.
- There are suitable storage facilities, minimizing the risk of falling objects.
- Floors are clean, dry, even and uncluttered.
- Machines have proper enclosures and guards.
- A clear fire safety passageway is established and maintained.
- Fire extinguishers and sprinkler systems are available, not expired and are tested regularly.
- The food preparation area has good ventilation.
- Furniture and fixtures are free from sharp corners, exposed metal and splintered wood.
- All electrical equipment is in compliance with codes and regulations.
- All workers wear safe clothing, hair coverings, gloves and protective devices while working.
- All workers are in good health, with no symptoms of illness or injury that would pose a risk to food safety.
- All ranges, ovens and hot holding equipment are clean and in good operating condition.
- Mixers and attachments are clean and in good operating condition.
- Dishwashing machines are clean and in good operating condition, and proper chemicals are in use.
- Water temperatures for hand sinks, ware washing sinks and dishwashing machines meet minimum acceptable temperatures.
- All hand-washing stations have free access, soap, nail brushes, hot and cold running water under pressure and a method to dry hands.
- Toilet facilities are in good repair and have a sufficient supply of toilet paper.
- All temperature charts and testing documents are current, accurate and periodically reviewed and verified by the food services manager.
- Only authorized personnel are allowed in the kitchen area.
- Foods are labeled and stored properly using the first-in first-out system.
- The refrigerators and freezers are in good operating condition and maintain proper temperature.
- There is no evidence of cross-connection or cross-contamination of the potable water system.

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906.4 CONTRACTING FOR INSPECTION

The food services manager is responsible for ensuring that the food services operation works in accordance with all state and local laws and regulations.

The Chief Jail Administrator shall use an independent, outside source for periodic inspection of the food services facilities and equipment, to ensure that established state and local health and safety codes have been met.

Documentation of the inspections, findings, deficiencies, recommended corrective actions and verification that the corrective standards were implemented will be maintained by the facility in accordance with established records retention schedules (WAC 44-14-03005).

The serviceses from an independent and qualified inspector should include, but is not limited to, the following components:

(a) The inspector should conduct a pre-inspection briefing with the Chief Jail Administrator and other appropriate personnel, including the food services manager, to identify the applicable government health and safety codes and the areas to be inspected. The inspector should provide the necessary equipment to conduct the inspection.

(b) The inspector should audit the policies and procedures of the food services operation.

(c) During the course of the inspection, the inspector should study and report on whether the following meet acceptable standards:

1. Walls, ceilings and floors are in good condition, smooth and easily cleanable.
2. The kitchen layout is properly designed to avoid cross-contamination.
3. The kitchen is properly lighted and ventilated.
4. The temperature controlled storage areas are in good operating condition and proper temperatures are being maintained.
5. Dry foods are properly stored off the floor, away from the walls and ceilings.
6. There is no sign of vermin infestation.
7. All equipment is properly maintained, in a sanitary condition and is certified by one of the American National Standards Institute certification agencies (e.g., Underwriters Laboratories, Extract, Transform and Load, or the National Science Foundation product certification mark).
8. The dishwashing equipment is clean, in good operating condition and maintains proper washing and rinsing temperatures.
9. There is no evidence of cross-contamination between the potable and contaminated water systems.
10. The ware washing area is clean and supplied with proper chemicals and Material Safety Data Sheets.

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11. The food is properly stored, labeled and rotated according to first-in first-out procedures.
12. The food services staff and inmate workers are wearing clean uniforms and practice proper personal hygiene.
13. All food services workers are trained for proper food handling and there is a person in charge who is responsible for the food safety of the facility.
14. There are ample hand-washing stations supplied with warm water under pressure, soap, nail brushes, a method to dry hands, a waste container and employee hand-washing signs.

Any deficiencies should be noted by the inspector in his/her inspection report and recommendations made for corrective action.

At the exit interview the inspector should cite any violations according to the government health and safety codes.

The inspector should conduct a follow-up inspection to verify the deficiencies have been corrected as recommended.

The food services manager should provide the Chief Jail Administrator with a plan to implement the recommended corrections in a timely manner and schedule a post-correction inspection with the original independent inspector.

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Food Storage

907.1 PURPOSE AND SCOPE

The purpose of this policy is to establish food storage methods that are designed to meet manufacturer's recommendations, health and safety codes, state laws and local ordinances, and to safely preserve food, extend storage life and reduce food waste.

907.2 POLICY

Food and food supplies will be stored in sanitary and temperature-controlled areas in compliance with state and local health laws and standards.

907.3 PROCEDURES

The food services manager shall be responsible for establishing procedures to ensure the safe preservation and storage of food in the most cost-effective manner, beginning with the receipt of the raw materials through the delivery of prepared meals.

When receiving food deliveries, food services staff shall inspect the order for quality and freshness and shall ensure that the order is correct by checking the order received against the order form. All delivery vehicles shall be inspected by food services staff to make certain that the vehicles are clean, free from vermin infestations and are maintained at the appropriate temperature for the type of food being carried.

If food quality and freshness do not meet commonly accepted standards or if it is determined that proper storage temperatures have not been maintained, the employee checking the order in will refuse the item and note the refusal on the invoice.

Any food destined for return to the vendor should be stored separately from any food destined for consumption. The food services manager will contact the vendor and arrange for replacement of the unacceptable food items.

Storage temperatures in all food storage areas should be checked and logged on a daily basis. Records of the temperature readings should be maintained in accordance with established records retention schedules (WAC 44-14-03005).

An evaluation system should be established for food stored in any area with temperature readings outside the normal range and should include contingency plans for menu changes, food storage relocation or food destruction, as indicated. All actions taken to ensure the safety of the food served should be documented and retained in accordance with established records retention schedules (WAC 44-14-03005).

907.4 DRY FOOD STORAGE

Canned items and dry food that does not need refrigeration should be stored in a clean, dry, secure storage area where temperatures are maintained between 45 and 80 degrees. Temperatures shall be monitored and recorded once each day on a checklist.

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All dry items shall be stored at least 6 inches off the floor and at least 6 inches away from any wall. Only full unopened cans and containers shall be stored in the storerooms. Open containers and packages shall be appropriately stored in the working or holding areas.

All storage areas will be kept locked when they are not in actual use. New food shipments shall be placed behind existing like items and rotated using a first-in first-out rotation method.

Personal clothing and personal items shall not be stored in food storage areas.

907.4.1 MAINTENANCE OF DRY FOOD STORAGE AREAS
Inmate workers or staff should clean the storage areas at least once each day by sweeping and mopping all floors and wiping down shelves and walls. Any damaged items should be inspected for spoilage and repackaged or discarded as appropriate. Food services staff should inspect the storage areas to ensure they are clean and orderly. Staff will document the inspection and record the daily temperature on the storage area checklist.

907.5 REFRIGERATED AND FROZEN STORAGE

Unless health codes dictate otherwise refrigerators must be kept between 32 and 41 degrees. Deep chill refrigerators will be set between 28 and 32 degrees for cook-chill products, dairy and meat items, to extend shelf life. Freezers shall be maintained at 32 degrees or below.

All freezer and refrigerator storage areas should have at least two thermometers to monitor temperatures. One thermometer should have a display visible to the outside. The second thermometer shall be placed in the warmest place inside the storage area. Daily temperature readings shall be recorded on the storage area checklist. Any variance outside of acceptable temperature range shall be immediately addressed.

All food must be covered and dated when stored. Cooked items shall not be stored beneath raw meats. Cleaned vegetables shall be stored separately from unwashed vegetables. Storage practices shall use a first-in first-out rotation method.

907.5.1 MAINTENANCE OF REFRIGERATED AND FREEZER AREAS
Refrigeration storage units should be cleaned daily, including mopping floors and wiping down walls. A more thorough cleaning should occur weekly to include dismantling and cleaning shelves. Food services staff should inspect the contents of freezers and storage units daily to ensure all items are properly sealed and labeled.

907.5.2 STORAGE OF CLEANING SUPPLIES AND MATERIALS
The storage of soaps, detergents, waxes, cleaning compounds, insect spray and any other toxic or poisonous materials are kept in a separate, locked storage area to prevent cross contamination with food and other kitchen supplies.

907.6 WASTE MANAGEMENT

The food services manager shall develop and maintain a waste management plan that ensures the garbage is removed daily. This plan also should include methods to minimize the waste of edible food and to dispose of non-edible or waste food material without utilizing a landfill.

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Prescribed Therapeutic Diets

908.1 PURPOSE AND SCOPE

The purpose of this policy is to ensure that inmates who require prescribed therapeutic diets as a result of a diagnosed medical condition are provided with nutritionally balanced therapeutic meals that are medically approved and meet nutritional and safety standards.

908.2 POLICY

The Responsible Physician, in consultation with the food services manager, shall:

(a) Identify individuals who are authorized to prescribe a therapeutic diet.

(b) The therapeutic diets utilized by this facility shall be planned, prepared and served with consultation from a registered dietitian.

(c) The corrections staff shall comply with any therapeutic diet prescribed for an inmate.

(d) The Chief Jail Administrator and the Responsible Physician shall ensure that the therapeutic diet manual, which includes sample menus of therapeutic diets, shall be available in both the health services and food services work areas for reference and information. A registered dietitian shall review, and the Responsible Physician shall approve, the therapeutic diet manual on an annual basis.

As a best practice, all therapeutic diet prescriptions should be reviewed and rewritten, if appropriate. This is to reduce the risk of an inmate developing an adverse medical condition or nutritional effect as the result of a diet that is inconsistent with the inmate's current medical needs. A diet request form should be made available to inmates.

Pregnant or lactating women shall be provided a balanced, nutritious diet approved for pregnant women by a dietician and reviewed by authorized medical provider.

908.3 STAFF COMMUNICATION/COORDINATION

It is the responsibility of the health authority to compile a daily list of all inmates who are prescribed therapeutic diets. The list should contain the following information:

(a) Inmate's name

(b) Inmate's identification number

(c) Housing location or dining location where the meals will be delivered

(d) Inmate's therapeutic diet type

(e) Special remarks or instructions

Any time inmates are assigned to a different housing area, correctional staff must notify the food services personnel immediately.

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908.4 PREPARATION AND DELIVERY OF MEALS

The food services manager or the authorized designee is responsible for reviewing the therapeutic diet lists prepared by the Responsible Physician, counting the number and type of therapeutic meals to be served and preparing the food according to the therapeutic menu designed by the registered dietitian.

Therapeutic diets may include snacks and oral supplements. Snacks and supplements should be distributed with regularly scheduled meal service or may be distributed with inmate medications. Individual labels or written documents containing the following information should be prepared by the kitchen, clearly identifying each meal and any included snacks:

(a) Inmate's name

(b) Inmate's identification number

(c) Housing location or dining location where the meals will be delivered

(d) Inmate's therapeutic diet type

The custody staff responsible for meal distribution shall ensure that any inmate who has been prescribed a therapeutic meal by the Responsible Physician or the authorized designee receives the prescribed therapeutic meal.

Unless a therapeutic diet was prescribed with a specific end date, only the Responsible Physician or the authorized designee may order that a therapeutic diet be discontinued.

Inmates who are receiving therapeutic diets must receive clearance from the Responsible Physician before he/she may receive a religious or disciplinary diet.

If prescribed by the Responsible Physician, supplemental food shall be served to inmates more frequently than the regularly scheduled meals. An inmate who misses a regularly scheduled meal shall receive his/her prescribed meal.

908.5 THERAPEUTIC AND RELIGIOUS MEAL RECORDS

Inmates receiving prescribed therapeutic diet meals and/or authorized religious diet meals must have a diet order document indicating:

(a) Inmate's name

(b) Inmate's identification number

(c) Date to begin and end

(d) Housing location where the meals will be delivered

(e) Inmate's therapeutic diet type

All information regarding a therapeutic diet is part of an inmate's medical record and is therefore subject to state and federal privacy laws concerning medical records.

All meal records shall be retained in accordance with established retention schedules and applicable statutory regulations (WAC 44-14-03005).

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Chapter 10 - Inmate Programs

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Inmate Programs and Services

1000.1 PURPOSE AND SCOPE

The purpose of this policy is to establish the programs and services that are available to inmates. The programs and services exist to motivate offenders toward positive behavior while they are in custody. The policy identifies the role and responsibilities of the Administartive Lieutenant, who manages a range of programs and services.

1000.2 POLICY

The Island County Sheriff's Office will make available to inmates a variety of programs and services subject to resources and security concerns. Programs and services offered for the benefit of inmates may include social services, faith-based services, recreational activities, library access, educational/vocational training, alcohol and drug abuse recovery programs and leisure time activities.

1000.3 ADMINISTARTIVE LIEUTENANT RESPONSIBILITIES

The Administartive Lieutenant is selected by the Chief Jail Administrator and is responsible for managing the inmate programs and services, including the following:

(a) Research, plan, budget, schedule, and coordinate security requirements for all inmate programs and services.

(b) Develop or procure programs and services as authorized by the Chief Jail Administrator.

(c) Act as a liaison with other service providers in the community that may offer social or educational programs (e.g., school districts, department of social services, health educators, substance abuse counselors).

(d) Develop, maintain, and make available to inmates the schedule of programs and services.

(e) Develop policies and procedures, and establish rules for the participation of inmates in the programs and services.

(f) Develop and maintain records on the number and type of programs and services offered, as well as inmate attendance at each offering.

(g) Establish controls to verify that the content and delivery of programs and services are appropriate for the circumstances.

(h) Accumulate data and prepare monthly and annual reports as directed by the Chief Jail Administrator.

(i) Ensure inmates are not denied access to educational and vocational programs based solely on their indigent status.

1000.4 SECURITY

All programs and services offered to benefit inmates shall adhere to the security and classification requirements of this facility. To the extent practicable, the Administartive Lieutenant will develop

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individualized programs and services for inmates who are housed in high-security or administrative segregation.

1000.5 DISCLAIMER

Inmate programs are provided at the sole discretion of the Island County Sheriff's Office in keeping with security interests, available resources and best practices.

Nothing in this policy is intended to confer a legal right for inmates to participate in any program offered other than what is required by law or that which is medically required.

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Inmate Welfare Fund

1001.1 PURPOSE AND SCOPE

The Office is authorized to maintain a fund derived from proceeds from the commissary, vending machines, telephones and other inmate-related commerce activities, to be used primarily to provide welfare and education programs for the benefit of the inmate population. This policy establishes guidelines for maintaining and administering the Inmate Welfare Fund.

1001.2 INMATE WELFARE FUND

The Chief Jail Administrator in cooperation with the Administrative Lieutenant will establish and maintain an Inmate Welfare Fund where proceeds derived from inmate telephones, commissary profits, vending machines and other income intended for the support of inmate programs, is deposited.

The Inmate Welfare Fund is allocated to support a variety of programs, services and activities benefiting the general inmate population and enhancing inmate activities and programs. This includes capital construction and improvement projects in support of such programs, services and activities.

1001.3 INMATE WELFARE FUNDING SOURCES

Revenues and funding from the following sources shall be deposited into the Inmate Welfare Fund account:

(a) All proceeds from commissary operations

(b) Proceeds from vending machines made available for inmate use

(c) Proceeds from the operation of inmate telephones

(d) Donations

(e) Interest income earned by the Inmate Welfare Fund

1001.4 EXPENDITURE OF INMATE WELFARE FUNDS

The Inmate Welfare Fund shall be used solely for the welfare and benefit of the inmate population or as otherwise permitted by law.

Expenditures permitted from the Inmate Welfare Fund include, but are not limited to, the following:

(a) Education programs

(b) Recreational goods and services, such as:

1. Recreational equipment, games and sporting goods
2. Televisions and cable/satellite subscriptions, video players and content media
3. Library books
4. Vending machines

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5. Libraries designated for inmate use
6. Equipment for television viewing
7. Activities equipment, supplies and services
8. Repair of equipment purchased from the Inmate Welfare Fund
9. Entertainment equipment, cable or satellite subscription services and other related supplies

1001.4.1 PROHIBITED EXPENDITURES OF INMATE WELFARE FUND
Except as permitted by law, the Inmate Welfare Fund shall not be used to fund activities associated with any of the following:

(a) Security-related functions, including staff, safety equipment, radios, weapons or control devices that are specifically designated for use by the custody staff in maintaining the security, safety and order in the facility
(b) Food service, staff costs, equipment and supplies
(c) Medical/dental services, staff costs, equipment and supplies
(d) Maintenance and upkeep of office facilities not otherwise permitted by law
(e) Janitorial services and supplies
(f) Transportation to court, medical appointments or other reasons not related to inmate programs
(g) Any other normal operating expenses incurred by the day-to-day operation of the Office

1001.5 FINANCIAL ACCOUNTING OF INMATE WELFARE FUNDS

The Chief Jail Administrator in cooperation with the Administrative Lieutenant shall maintain an accounting system to be used for purchasing goods, supplies and services that support inmate programs.

An audit of the Inmate Welfare Fund shall be completed annually by a certified auditor recognized by the Office as an authorized financial auditor.

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Inmate Accounts

1002.1 PURPOSE AND SCOPE

This policy establishes guidelines and procedures for managing, handling and accounting of all money belonging to inmates that is held for their personal use while they are incarcerated in this facility.

1002.2 INMATE ACCOUNTS

The Office will establish an inmate account for the purpose of receiving funds from authorized sources for inmate use. A separate account will be established for each inmate when he/she is booked into this facility.

When an inmate is admitted to the correctional facility, a written, itemized inventory of the money in the inmate's possession shall be completed. Any subsequent deposits to the inmate's fund shall be inventoried and documented. An inmate shall be issued a receipt for all money held until his/her release.

An inmate may use money in his/her inmate account for bail or to purchase items from the inmate commissary. Inmates may receive and release money while in custody. Funds will be made available to inmates for their use in accordance with the rules and regulations established by the Chief Jail Administrator.

1002.3 FUNDING SOURCES

The inmate account will only accept funds for deposit from approved sources. Funds deposited into an inmate's account will first be used to settle the inmate's negative balance, should one exist.

1002.3.1 DEPOSITS DURING BOOKING

With the exception of legally prescribed fees (e.g. booking fees), all money received during the booking process shall be deposited to the inmate's account after the inmate signs an acknowledgement agreeing to the amount.

1002.3.2 DEPOSITS THROUGH THE MAIL

All funds received by mail to be deposited to an inmate's account shall be deposited by the receiving officer and the inmate advised of the deposit by forwarding to them a deposit slip.

Only cash, money orders and checks issued by federal, state, county or city government agencies that are received through the mail are acceptable for deposit into inmate accounts. Although cash may be accepted for deposit, it is not recommended that cash be sent through the mail. All personal checks, payroll checks and other unapproved monies will be placed in the inmate's property box.

1002.3.3 VISITOR DEPOSITS

Visitors may deposit funds into an inmate's account. Only cash or money orders may be deposit to an inmate's account.

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The officer shall post funds received to the inmate's account and prepare a validated receipt for the transaction. A copy of the transaction receipt shall be provided to both the inmate and the person making the deposit. A copy will be retained in the inmate's book.

Inmates will not be allowed to accumulate large sums of money in their account other than for the purpose of bail. Deposits bringing the inmate's balance over $500 must be approved a supervisor. Anything over the limit will be placed in the inmate's personal property box.

1002.4 AUTHORIZATION FOR SELF-BAIL

Inmates wishing to use their personal funds as bail must request to do so on an Inmate Request Form (kite). This kite must be received by the cofficer before the inmate's account can be debited and a receipt issued.

1002.5 RELEASE OF FUNDS TO OTHER PERSONS

Inmates wishing to release all or part of their personal funds to a person who is not in custody must do so using an Inmate Request Form (kite). The person to whom the funds are to be released must be identified on a Release of Property Form. That person receiving the funds must furnish a valid driver's license or state-issued identification card to the officer. The officer will then forward the Release of Property Form to the inmate's book.

1002.6 RELEASE FROM CUSTODY

The officer will receive a daily roster of inmates scheduled for release. Each inmate's account will be accessed and a report showing all activity on the account will be completed and filed after it has been adjusted to show a zero balance.

Staff members who are responsible for the release of inmates will verify the release dates from the booking records and video housing board.

The officer will release the money to the inmate after the inmate endorses the account report.

1002.7 CASHIER RESPONSIBILITY

The officer will verify all funds received against the amounts recorded on the inmate account financial record. The officer will then post the funds to the inmate's account and prepare a receipt for the inmate.

At the end of Day Shift, the shift supervisor shall be responsible for balancing all transactions completed during the day and shall complete a cash activity sheet itemizing each type of transaction.

All monies shall be counted, verified against the transactions, bundled and placed in a designated secure safe or transferred to the Bank or Auditor's Office with appropriate transmittal documentation, in accordance with Office finance rules.

Any unresolved discrepancies found during the balancing procedures shall be promptly reported. The supervisor shall resolve discrepancies.

The following shall be reviewed:

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(a) Date and time discrepancy was discovered

(b) Amount of overage or shortage

(c) Explanation of the cause of the overage/shortage

(d) Documentation used to identify the error

(e) Recovery attempts

(f) Name of person reporting the discrepancy

(g) Name of person approving the report and the date approved

1002.8 SECURE BANKING OF INMATE FUNDS

All monies collected by custody personnel shall be secured daily in an officially designated and secure place, and verified by a supervisor.

1002.9 AUTOMATED KIOSKS

The use of automated kiosks for the deposit of monies into the inmate trust fund or to transfer inmate monies for the purchase of commissary or other authorized items will meet the financial accounting requirements of this policy and other standard financial practices.

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Counseling Services

1003.1 PURPOSE AND SCOPE

The purpose of this policy is to establish a process for providing counseling and crisis intervention services to inmates.

1003.2 POLICY

This office will provide counseling and crisis intervention services to any inmate who either requests services or is determined by a health provider to be in need of counseling or crisis intervention services. These services may be provided by:

(a) Medical/mental health staff assigned to the facility.

(b) Faith-based counseling by the chaplain or religious volunteers (see the Religious Programs Policy).

(c) Deputies assigned to the facility who have specific training and expertise in this area.

The Chief Jail Administrator shall coordinate with the Responsible Physician to develop and confidentially maintain records of counseling and crisis intervention services provided to inmates and to ensure that those records are retained in accordance with established records retention schedules (WAC 44-14-03005).

The Chief Jail Administrator shall ensure that request forms are available and provided to inmates who request counseling services. All inmate requests for counseling shall be forwarded to the Shift Supervisor. If an inmate displays behavior indicating a need for counseling or crisis intervention services, the facility employee shall notify the Shift Supervisor. The Shift Supervisor shall assess the need and area of counseling and make a reasonable effort to provide the inmate with the requested counseling as soon as practicable with consideration given to facility security, scheduling and available resources. Inmates who are victims of a sexual abuse or harassment incident will be informed of the availability and continuity of counseling (28 CFR 115.82; 28 CFR 115.83).

1003.3 NON-CRISIS COUNSELING

The Office shall, when reasonably practicable, make counseling services available to assist inmates who are being released into the community.

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Inmate Exercise and Recreation

1004.1 PURPOSE AND SCOPE

The purpose of this policy is to establish guidelines and procedures ensuring that the Island County Sheriff's Office facility will have sufficiently scheduled exercise and recreation periods and sufficient space for these activities, as required by law.

1004.1.1 DEFINITIONS

Definitions related to this policy include:

Exercise - The physical exertion of large muscle groups.

Recreation - Activities that may include table games, watching movies or socializing with other individuals.

1004.2 POLICY

It is the policy of this office to provide inmates with access to exercise opportunities and equipment, and to recreation activities in accordance with state laws or requirements. The Chief Jail Administrator or the authorized designee shall be responsible for ensuring there is sufficient secure space allocated for physical exercise and recreation, and that a schedule is developed to ensure accessibility for all inmates.

1004.3 ACCESS TO EXERCISE

Inmates shall have access to exercise opportunities and, including at least one hour daily of physical exercise outside the cell, and the opportunity to exercise outdoors when weather permits.

The Shift Supervisor shall ensure the use of the daily log sheet to document when inmates of like classification status are permitted to exercise each day and shall record the outside exercise of inmates, or that the inmates have declined outside exercise.

Daily log sheets should be collected monthly and reviewed by the Chief Jail Administrator. Log sheets shall be maintained in accordance with established records retention schedules WAC 44-14-03005).

1004.4 ACCESS TO RECREATION

Each inmate shall have access to recreational (leisure-time) activities outside the cell at least once a day. The length of time will be determined by the inmate's classification status, security concerns and operational schedules that preclude recreation during a period of time (e.g., meal times, searches, lockdown or court). The staff should ensure that the maximum time possible is provided to the inmates for this purpose.

Weekend/holiday movies, newspapers, table games and other items may also be made available to enhance recreation time. Consideration will be given to the passive or active recreational needs of older inmates and inmates with disabilities.

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1004.4.1 USE OF THE INMATE WELFARE FUND
Monies derived from the Inmate Welfare Fund may be used to purchase and maintain recreational equipment and supplies.

1004.5 SECURITY AND SUPERVISION

The staff supervising the inmates during exercise and recreation time shall document when each inmates fail to participate in the opportunity to exercise or recreate.

Staff shall be responsible for inspecting exercise and recreational equipment to ensure it appears safe for use. Broken equipment or equipment that is in an unsafe condition shall not be used. Inmates will not be permitted to use equipment without supervision. All equipment shall be accounted for before inmates are returned to their housing unit.

The supervising staff may terminate the exercise or recreation period and escort back to the housing unit any inmate who continues to act in an aggressive or disorderly manner after being ordered to stop by the staff. Whenever an exercise or recreation period is involuntarily terminated, the staff will document the incident and rationale for terminating the exercise period. The Shift Supervisor will determine whether disciplinary action is warranted.

1004.6 EXERCISE SPACE

Sufficient outdoor and covered/enclosed exercise areas, as specified by federal, state and/or local laws or requirements, should be provided to ensure one hour of exercise for each general population inmate per day. Use of outdoor exercise is preferred but weather conditions may require the use of covered/enclosed space. Day room space is considered exercise space.

1004.7 INABILITY TO MEET REQUIREMENTS

In the event that the inmate population exceeds the ability of the facility to meet the exercise and recreation requirements, the facility should notify the governing body about the deficiency in space for exercise, that it may violate the law and/or the requirements, and request funds to remedy the situation. The facility should document all action taken to try to remedy the situation, including funding requests, population reduction requests and all responses to those requests.

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Inmate Educational, Vocational and Rehabilitation Programs

1005.1 PURPOSE AND SCOPE

This office provides educational and vocational programs that are designed to help inmates improve personal skills, assist in their social development and improve inmate employability after release. The ability of the office to offer educational programs is dictated by available funding, inmate classification and other required inmate programs and routines.

1005.2 POLICY

The educational and vocational programs offered by the Office are available to all eligible inmates and are subject to schedule, space, personnel and other resource constraints.

Designated space for inmate education and vocational programs will, whenever practicable, be designed in consultation with the appropriate school authorities or educational/vocational service providers.

Adequate funding is required. If the funding source reduces or eliminates funding in these areas, educational and/or vocational programs may be reduced or eliminated.

While the housing classification of an inmate has the potential to pose security issues, every effort, to the extent reasonably practicable, will be made to provide individualized educational opportunities (WAC 392-121-107 and WAC 392-122-228).

1005.3 CHIEF JAIL ADMINISTRATOR

The Sheriff or the authorized designee shall appoint an Administartive Lieutenant, who shall be responsible for managing all aspects of the inmate educational and vocational program. Those duties include, but are not limited to:

(a) Conducting an needs assessment to determine the type of programs needed to serve the inmate population.

(b) Oversee the development of the program plans.

(c) Directing the curricula for each educational, vocational component.

(d) Implementing individualized programs for high-risk or administrative inmates, as needed.

(e) Coordinating with corrections staff regarding the security issues associated with these programs.

(f) Maintaining records of needs assessments, all training offered, all inmate attendees, testing records and class evaluations.

(g) Forecasting the annual cost of the program and coordinating with the budget office to secure funding.

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1005.4 COURSE OFFERINGS

Course offerings will be subject to need, available resources, security concerns, available space and inmate classification, and may include the following:

(a) Basic education, General Educational Development (GED) preparation

(b) English as a second language (ESL)

(c) Basic literacy

(d) Substance abuse and healthy lifestyles education

(e) Parenting courses

(f) Basic computer introduction

(g) Basic life skills

(h) Vocational skills such as:

1. Cooking and food services
2. Landscaping, horticulture
3. Flagging and Traffic Control
4. Construction painting skills
5. Basic auto repair
6. Basic office skills

(i) Other courses as deemed appropriate by the Administartive Lieutenant

1005.5 OUTREACH

Information about educational opportunities should be included in the general inmate orientation. At a minimum, inmates should receive instruction on how to request participation in the inmate education programs, along with eligibility requirements and rules for participation.

1005.6 ELIGIBILITY REQUIREMENTS

Educational/vocational programming (other than televised courses) may be offered to sentenced inmates. The Sheriff shall ensure that there is equal opportunity for participation for male and female inmates.

1005.7 INMATE REQUESTS

Inmates should be given a form to request participation in the inmate education programs. Inmate requests will be documented in the Book of Lists. When sufficient number of inmates are eligible a class may be scheduled.

The supervisor will notify the inmate whether he/she has been approved for a program. If approved, the supervisor will provide instruction to the inmate on how to access the program services and will notify the affected facility staff about the inmate's scheduled attendance.

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Inmates may also contact a supervisor at any time via an inmate request slip to request information regarding educational opportunities.

Inmates have the right to refuse to participate in programs other than work assignments or programs that are required by statute or court order.

1005.8 SELF-STUDY PROGRAM

Whenever reasonably feasible the basic educational program may be presented by self-study tutoring and video programming.

Inmates admitted into the GED program are issued the necessary books and supplies. Studying may be done throughout the day.

Upon completion of a GED self-study program, the inmate may be given the opportunity to take the GED test.

1005.9 HIGH-SECURITY/ADMINISTRATIVE SEGREGATION INMATES

To the extent reasonably practicable, high-security inmates and those held in administrative segregation may receive individual instruction in the form of a correspondence course.

1005.10 REHABILITATION PROGRAM

The Office provides opportunities for rehabilitation programs that are based upon state educational standards and best available science.

The Chief Jail Administrator should work with other justice system partners to create such programs and opportunities. Examples include the following:

- Programs designed to deter domestic violence
- Programs to deter substance abuse
- Community service, such as supervised public works projects

1005.11 DISCLAIMER

Nothing in this policy is meant to confer a legal right for inmates to participate in any educational offering. Educational programming is provided at the sole discretion of the Chief Jail Administrator.

1005.12 CLASSROOM USE AND DESIGN

The demographics of the inmate population should always be considered when developing educational and other programs. Inmate classification and segregation requirements also need to be considered.

The Chief Jail Administrator should encourage and include educators in the set up and design of classrooms that have been identified for inmate education programs. To the extent reasonably possible, in consideration of the space design and the ability to provide adequate security, teachers and officers should be consulted to ensure that their needs are met.

Non traditional classroom approach to educational programming may be considered for there delivery methods.

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1005.13 NEW CONSTRUCTION OR RENOVATION

Whenever construction of new facilities is considered, the Chief Jail Administrator may include program facilitators during the design phase to ensure that the needs of education meet with security.

The Chief Jail Administrator may seek technical assistance from consultants to school districts that provide education programs in correctional settings.

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Commissary Services

1006.1 PURPOSE AND SCOPE

The purpose of this policy is to establish a commissary program that will give inmates the opportunity to purchase personal items that are not provided by the facility.

1006.2 POLICY

It is the policy of this office to provide space for an inmate commissary, or to provide for a commissary service, so that inmates who are not on disciplinary restriction and who have funds posted to their inmate accounts may purchase approved items that are not furnished by the facility.

To the extent reasonably practicable, the prices for items offered to the inmates in the commissary shall correspond to local retail store prices.

Any commissary inventory or sales issues related to religious diets shall be addressed in the Religious Programs Policy.

1006.3 COMMISSARY MANAGER RESPONSIBILITIES

The Chief Jail Administrator shall be responsible for designating a qualified person to act as the Commissary Manager. The Commissary Manager shall be responsible for the accounting and general operation of the commissary, which shall include, but is not limited to:

- Maintaining current rules, regulations and policies of the commissary and ensuring compliance by commissary staff.
- Managing processing orders in a timely manner.
- Performing weekly audits.
- Ensuring that sufficient space is provided either on or off facility property, for the processing of commissary orders.
- Ensuring that all inmates who are approved to purchase commissary items are provided with a printed list of items that are available.

1006.4 COMMISSARY ACCOUNTING

The Shift Supervisor shall be responsible for ensuring that all inmates who have commissary privileges have the opportunity to order and receive commissary items in a timely manner.

All inmates shall be afforded the opportunity to review an accounting of their money held in their account, to include deposits, debits and commissary goods purchased and received. Any discrepancy of the inmate's funds shall be immediately reported to a supervisor. If the Commissary Manager and the involved inmate cannot settle the discrepancy, the Chief Jail Administrator shall be notified and the Chief Jail Administrator will resolve the discrepancy.

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1006.5 INMATE WELFARE PACKS

The Chief Jail Administrator or the authorized designee shall monitor the provision of welfare packs to indigent inmates. Welfare packs shall include, but not be limited to:

(a) Two postage-paid envelopes and paper letters each week to permit correspondence with family members and friends.

(b) Personal hygiene items, including toothbrush, toothpaste, soap, and other supplies deemed to be appropriate for indigent inmates.

The Chief Jail Administrator or lieutenant may expend money from the Inmate Welfare Fund to provide indigent inmates with essential clothing upon release.

1006.6 ANNUAL AUDIT OF THE COMMISSARY

The Commissary Manager shall ensure that an audit of the Inmate's account is conducted if the inmate has questions about their account. The written report prepared by the supervisor shall be reviewed for accuracy by the Commissary Manager and provided to the Chief Jail Administrator.

All sales commission derived from the operation of the commissary shall be deposited into the Inmate Welfare Fund or otherwise used for the benefit of the inmates.

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Library Services

1007.1 PURPOSE AND SCOPE

The purpose of this policy is to establish guidelines for funding of library services and for providing inmates access to leisure and legal reading materials.

1007.2 POLICY

This facility operates library services that provide leisure reading materials to inmates. The Chief Jail Administrator or the authorized designee is responsible for the administration of the library services. The library service shall include, religious, educational and recreational reading material.

The staff shall ensure that reading materials are provided to the general housing units and that any inmate worker assigned to assist with the delivery of library services has received the appropriate training in facility safety and security practices.

Access to the inmate library or to library materials shall be based upon inmate classification, housing location and other factors that legitimately relate to the safety and security of the facility.

1007.3 LIBRARY FUNDING AND MAINTENANCE

The Chief Jail Administrator may use monies from the Inmate Welfare Fund to offset the cost of the services and supplies necessary to operate the library. The Jail Administrator and staff may enlist the assistance of the local public library and other community organizations in order to maintain and update the library. Donated books and materials should be screened for allowable content and safety prior to being distributed to inmates.

The Office may reject library materials that may compromise the safety, security and discipline in the operation of this facility (see the Inmate Mail Policy for examples of materials that may be rejected).

The library shall be operated within the physical, budgetary and security limits of the existing facility.

Books and other reading material should be provided in languages that reflect the population of the facility. The staff is responsible for the distribution of reading material.

1007.4 LEISURE LIBRARY MATERIALS

Each inmate is allowed to have no more than two books at any given time. Existing selections must be returned before new books may be selected by an inmate. Inmates who destroy or misuse books and library materials will be subject to disciplinary action and may be required to pay for the material.

1007.5 ACCESS TO LEGAL PUBLICATIONS/LAW LIBRARY

All inmates shall have reasonable access to the legal system, which may include access to legal reference materials. Pro se inmates shall have priority regarding access to legal publications.

Legal information that may be provided through the library includes, but is not limited to:

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- Criminal code sections.
- Copies of criminal and/or civil cases.
- Copies of judicial forms for criminal cases, civil cases and general litigation.

Inmates desiring access to the library or legal publications shall submit an Inmate Request Form (kite) listing the legal material to the staff. Inmates in disciplinary segregation shall have the same access to legal materials.

The staff will collect completed request forms and deliver them to a supervisor for delivery to the law librarian. Upon receipt the law librarian will arrange for the inmate to have access to the library material or to legal research available. Records of access to legal references and whether the requests were fulfilled or denied should be documented and maintained in the inmate's file in accordance with established records retention schedules (WAC 44-14-03005).

Pro se inmates may keep minimal supplies for their case in their cells (e.g., paper, letters, reference materials), provided it does not create a hazard.

1007.6 ALTERNATE MEANS OF ACCESS TO LEGAL PUBLICATIONS

Nothing in this policy shall confer a right to access to a law library, and unless it is specified by court order, the Sheriff may provide access to the legal system by a variety of means.

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Inmate Telephone Access

1009.1 PURPOSE AND SCOPE

This policy establishes guidelines for permitting inmates to access and use telephones.

1009.2 POLICY

The Correctional Facility will provide access to telephones for use by inmates consistent with federal and state law. The Chief Jail Administrator or the authorized designee shall develop written procedures establishing the guidelines for access and usage. All inmates will be provided a copy of the telephone usage rules as part of their inmate orientation during the booking process.

1009.3 PROCEDURE

Inmates housed in general population will be permitted reasonable access to public telephones at scheduled times in the dayrooms for collect calls unless such access may cause an unsafe situation for thecorrectional facility, members, or other inmates. The Chief Jail Administrator shall ensure a notice is conspicuously posted near the phones, informing the inmates that non-attorney calls may be monitored and recorded.

Inmates are not permitted to receive telephone calls. Messages will only be delivered in the event of a verified emergency.

In the event of a correctional facility emergency, or as directed by the supervisor or the Chief Jail Administrator, all telephones will be turned off.

For security reasons, inmates who are awaiting transport to another facility or release to another agency are not permitted to use the telephones.

Teletypewriter/telecommunications device for the deaf (TTY/TDD)) or equally effective telecommunications devices will be made available to inmates who are deaf, are hard of hearing, or have speech impairments to allow these inmates to have equivalent telephone access as those inmates without these disabilities.

The minimum time allowed per call should be 10 minutes, except where there are substantial reasons to justify such limitations.

Reasons for denial of telephone access shall be documented and a copy placed into the inmate's file. The rules governing the use of the telephone will, in addition to being provided to inmates during orientation, be posted near the telephones.

The member should monitor the use of public telephones to ensure inmates have reasonable and equitable access and that the rules of use are observed. Any inmate refusing to cooperate with the telephone rules may have their call terminated, telephone privileges suspended, and/or incur disciplinary action.

Requirements relating to the use of telephones during booking and reception are contained in the Reception Policy.

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1009.4 USE OF TELEPHONES IN HIGH-SECURITY OR ADMINISTRATIVE SEGREGATIONHOUSING

Inmates who are housed in high-security or administrative segregation may use the public telephones in the dayroom during the time allocated for that classification of inmate to utilize that space. If portable telephones are available in the facility, inmates who are housed in high-security or administrative segregation units may have reasonable access to the portable telephones.

1009.5 COURT-ORDERED TELEPHONE CALLS

If a court order specifying free telephone calls is received by the facility, or a supervisor determines there is a legitimate need for a free telephone call for a specific inmate, the supervisor may direct that an inmate use a facility telephone at no charge. Calls placed from a facility telephone should be dialed by a staff member. The staff shall be responsible for ensuring that the inmate is not calling a number that has been restricted by a court order or by request of the recipient. Such a call shall be recorded to the same extent authorized for calls that are not court-ordered.

1009.6 ATTORNEY-CLIENT TELEPHONE CONSULTATION

At all times through the period of custody, whether the inmate has been charged, tried, convicted or sentenced, reasonable and non-recorded telephone access to an attorney shall be provided to the inmate at no charge to either the attorney or to the inmate, in accordance with the Inmate Access to Courts and Counsel Policy.

1009.7 CONFERENCE CALL REGARDING CHILD PLACEMENT

Inmates who are parents shall be allowed to participate in a case conference convened pursuant to RCW 13.34.067 by either conference call or video conference.

1009.8 1020.7 TELEPHONE CONTRACTS AND CHARGES

The Chief Jail Administrator or the authorized designee is responsible for ensuring that all contracts involving telephone services for inmates comply with all applicable state and federal regulations, that rates and surcharges are commensurate with those charged to the general public for similar services, and that the broadest range of calling options is provided, in accordance with sound correctional management practices.

The inmate telephone service will not be used to generate a commission for the general fund. Any available commission shall be rolled back into reduced inmates call prices or placed into the Inmate Recreational Fund.

1009.9 TELEPHONE CONTRACTS AND CHARGES

The Chief Jail Administrator or the authorized designee is responsible for ensuring that rates charged to inmates are similar to those charged in the general public and that inmates are afforded a range of feasible calling options.

1009.10 FOREIGN NATIONALS

A foreign national who has been detained may contact their consulate via the public phones provided for inmates. If the consulate does not accept collect calls, the foreign national shall

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be allowed to make a reasonable number of direct calls to establish communication with the consulate.

Consular officers who contact the correctional facility to speak with a foreign national to provide consular services should be given reasonable telephone access to the inmate.

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Inmate Visitation

1010.1 PURPOSE AND SCOPE

The purpose of this policy is to establish rules for visitation and to provide a process for inmate visits and visitors. Visitation is a privilege and is based on space availability, schedules and on-duty staffing.

1010.2 POLICY

It is the policy of the Island County Sheriff's Office to allow inmate visitation, including video visitation when applicable, as required by law.

1010.3 PROCEDURES

The Office has provided adequate space for visiting that includes appropriate space for the screening and searching of both inmates and visitors and for the storage of visitors' coats, handbags and other personal items that are not allowed in the visiting area.

Limitations on the number of visitors an inmate may receive, including the length of those visits, is determined by:

- The facility's schedule.
- The space available to accommodate visitors.
- Whether an emergency or other conditions justify a limitation in visiting privileges.

The Chief Jail Administrator or the authorized designee is responsible for defining, in writing, the conditions under which visits may be denied.

The visiting area shall accommodate inmates and visitors with disabilities. Visitors with disabilities who request special accommodations shall be referred to a supervisor. Reasonable accommodations will be granted to inmates and disabled visitors to facilitate a visitation period.

Visitor logs and records shall be developed and maintained in accordance with established records retention schedules (WAC 44-14-03005).

Notice of banned items will be posted at all public entries.

1010.3.1 VISITOR REGISTRATION AND IDENTIFICATION

All visitors must register and produce a valid state, military, tribal, or other government identification. Identification will be considered valid for 90 days after expiration, provided the visitor has renewed the ID and has proof of the renewal.

(a) The registration form must include the visitor's name, address, and the relationship to the inmate.

(b) A valid identification shall include the following:

1. A photograph of the person
2. A physical description of the person

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(c) An official visitor shall present proof of professional capacity. For example, an attorney license/Supreme Court card, law enforcement identification, or a business card/ letterhead of business with the visitor's name.

Failure or refusal to provide a valid identification is reason to deny a visit.

1010.4 AUTHORIZATION TO SEARCH VISITORS

Individuals who enter the secure perimeter of this correctional facility are subject to search if there is reasonable cause to believe the visitor has violated the law, is wanted by a law enforcement agency, or is attempting to bring contraband onto the correctional facility property or into the correctional facility. All searches shall be made in accordance with current legal statutes and case law.

1010.5 VISITING SCHEDULE

The Chief Jail Administrator shall designate a person to develop a schedule for inmate visitation that includes daytime, evening, and weekend hours. Each inmate shall receive a copy of the visitation schedule in the inmate handbook at orientation. The visiting hours will also be posted in the public area of the facility.

1010.6 DENIAL OR TERMINATION OF VISITING PRIVILEGES

The Chief Jail Administrator or the authorized designee is responsible for defining, in writing, the conditions under which visits may be denied.

Visitation may be denied or terminated by a supervisor if the visitor poses a danger to the security of the correctional facility or there is other good cause, including, but not limited to, the following:

(a) The visitor appears to be under the influence of drugs and/or alcoholic beverages.

(b) The visitor refuses to submit to being searched.

(c) The visitor or inmate violates correctional facility rules or posted visiting rules.

(d) The visitor fails to supervise and maintain control of any minors accompanying the visitor into the correctional facility.

(e) Visitors attempting to enter this correctional facility with contraband will be denied a visit and may face criminal charges.

Any visitation that is denied or terminated early, on the reasonable grounds that the visit may endanger the security of the correctional facility, shall have the actions and reasons documented. A copy of the documentation will be placed into the inmate's file and another copy will be forwarded to the Chief Jail Administrator.

1010.7 GENERAL VISITATION RULES

All visitors and inmates will be required to observe the following general rules during visitation:

(a) A maximum of two adults and two children will be permitted to visit an inmate at any one time. Children visiting inmates must be deemed age appropriate by the parent or guardian accompanying the child. Where a dispute over children visiting occurs between the inmate and the parent or legal guardian, the inmate will be advised to

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use the court for resolution. Adults must control minors while they are waiting to visit and during the visit.

(b) An inmate may refuse to visit with a particular individual.

(c) Those inmates who are named as the restrained person in any restraining or other valid court order shall not be allowed visits from persons who are protected by the order.

(d) Visitors must be appropriately attired prior to entry into the visitor's area of the facility.

(e) Inappropriate clothing, such as transparent clothing, halter tops, excessively tight or revealing clothing, hats and bandannas or any other clothes associated with a criminal gang or otherwise deemed by the staff to be unacceptable, will not be permitted.

(f) All visitors must have footwear.

(g) Visitors will leave all personal items, with the exception of car keys and identification, outside of the secure area. Visitors who enter the facility with handbags, packages or other personal items will be instructed to lock the items in a vehicle or locker or return at another time without the items. The facility is not responsible for lost or stolen items.

(h) Food or drink is not permitted in the visitor's area.

(i) Inmates will be permitted to sign legal documents, vehicle release forms or any other items authorized by the Shift Supervisor. Transactions of this nature will not constitute a regular visit.

1010.8 SPECIAL VISITS

The Shift Supervisor may authorize special visitation privileges. The Shift Supervisor, who authorizes the special visit, will take into consideration the following factors:

- The purpose of the visit
- The relationship of the visitor to the inmate
- The circumstances of the visit
- Distance traveled by the visitor

Whenever a special visit is denied, an entry into the duty log will be made. The entry will include the requesting visitor's name and the reason why the visit was denied.

1010.9 ATTORNEY VISITS

Inmates shall have access to any attorney retained by or on behalf of the inmate, or to an attorney the inmate desires to consult, in a private interview room. Staff shall not interfere with, suspend or cancel official visits except in circumstances where the safety, security or good order of the facility is compromised (see the Inmate Access to Courts and Counsel Policy).

1010.10 JUVENILE INMATE VISITATION

The Island County Jail does not incarcerate or detain juveniles.

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1010.11 PROFESSIONAL VISITS

Inmates should have access to professional visits from clergy, counselors, educators and evaluators who are mandated by law to have access to their clients. Staff shall not interfere with, suspend or cancel official visits except to maintain order.

1010.12 CONTACT VISITS

The Island County Jail does not offer or permit contact visits within the facility.

1010.13 ESCORTED FURLOUGH VISIT

The Island County Jail will permit Escorted Furlough Visits on a case by case basis. All escorted furlough visits must be approved by the Chief Jail Administrator. The following criteria must be met in order for an Escorted Furlough Visit to be considered;

(a) The inmate shall submit a written request to the Chief Jail Administrator outlining the following;

1. Purpose of request such as funeral or death bed visit
2. Date, time and location for visit
3. Point of contact to provide payment unless the inmate has sufficient funds on their inmate account

(b) The location of visit must permit the transport team to complete the trip within an 8 hour period from start to finish

(c) A classification and risk review must be completed by a supervisor.

Once the initial request packet is ready for review the Chief Jail Administrator will make a determination based off of staffing, risk and inmate behavior whether or not the request will be approved. If a escorted furlough visit is approved payment for staffing, vehicle, fuel and any other associated fees must be paid before the transport. Inmates or payee's will not be granted any reimbursement once payment is made.

Before the transport is underway the transport team will go over the behavior expectations for the visit. If at anytime the inmate or others do not abide by transport expectations the visit will be canceled and or terminated immediately.

1010.14 CONSULAR VISITS

The Chief Jail Administrator or the authorized designee should facilitate visitor access between a detained foreign national and a consular officer when requested by the detainee or consular officer. Additionally, access should also be facilitated when a consular officer requests to visit with a detained foreign national in cases where the detainee does not want a visit.

A foreign national should be allowed to visit with a consular officer in a private interview room. Members should not interfere with, suspend, or cancel official consular visits except in circumstances where the safety, security, or good order of the correctional facility is compromised.

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Resources for Released Inmates

1011.1 PURPOSE AND SCOPE

The purpose of this policy is to establish the process of providing community resource information to any inmate who is due for release after serving at least 30 days, in order to assist with the transition back into the community.

1011.2 POLICY

It is the policy of this office that all inmates who have served at least 30 days shall be provided with an information packet containing community resources prior to their release. The packet should contain, at a minimum, the contact information for the following organizations and resources:

- Community health centers
- Employment centers
- Registry office to obtain an identification card
- Substance abuse and mental health providers
- Housing agencies
- Education agencies

Subject to the approval of the Chief Jail Administrator, Health and Human Services or community providers may offer classes within the facility that are related to these community services.

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Pretrial Release Program

1012.1 PURPOSE AND SCOPE

The purpose of this policy is to establish the value relating to inmate population management that the Office places on the pretrial release. This office is committed to the pretrial release of inmates with the intent of increasing the likelihood of a successful return to the community and maximizing organizational efficiency.

1012.2 POLICY

It shall be the policy of the Island County Sheriff's Office to commit resources to a Pretrial Release Program. The goals of the program are for inmates awaiting trial to secure or maintain gainful employment, to reduce costs to taxpayers for incarceration of the inmates, and to increase the likelihood of an inmate’s successful return to the community.

The Chief Jail Administrator or the authorized designee shall be responsible for the staffing, space allocation and equipment requirements of the Pretrial Release Program. The following factors should be considered when selecting personnel for this assignment:

- Professional qualifications
- Accreditation status
- Client’s ownership (e.g., public, private not-for-profit, private for-profit)
- The complexity of the client (more complex clients require higher staffing levels)

1012.3 RESTRICTIONS

The Pretrial Release Program should not accept or supervise an inmate who was convicted of a violent or sex offense in the previous 10 years and is currently awaiting trial for a violent or sex offense as defined by RCW 9.94A.030, unless the inmate has paid bail to secure his/her release (RCW 10.21.0001).

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Work Release Program

1013.1 PURPOSE AND SCOPE

The purpose of this policy is to establish the guidelines and requirements for the Work Release Program. The Work Release Program allows inmates to maintain employment, support families and facilitate a successful return to the community.

1013.2 POLICY

It is the policy of this office to operate a voluntary Work Release Program to provide inmates with opportunities to secure or maintain employment, support families, assist in the payment of fines and penalties to the court and promote a successful return to the community (RCW 70.48.210).

Release programs shall be conducted in accordance with state and local guidelines. In cases of pretrial release, the courts may have jurisdiction over release decisions.

1013.3 WORK RELEASE PROGRAM

Any inmate who has met the eligibility requirements and received approval may be granted permission to leave the facility to work at his/her place of employment in accordance with state and local guidelines, court orders and the provisions of this policy.

The Chief Jail Administrator or the authorized designee has sole authority to approve participation in the program and is responsible for the overall administration of the Work Release Program.

The Work Release Program participants are limited to geographic restrictions of the facility and must remain within state boundary lines unless otherwise ordered by the sentencing court.

1013.3.1 ELIGIBILITY

In order to be eligible for the Work Release Program, an inmate must meet the following requirements:

- Sentenced directly to work release programs by the court
- No documented disciplinary incidents
- No outstanding warrants, wants or detainers

Inmates who do not adhere to the rules of the program will be subject to removal from the program and to disciplinary and criminal action in accordance with the rules of the facility and applicable laws.

1013.3.2 STAFF RESPONSIBILITY

The Work Release Program staff is responsible for contacting the employer prior to authorizing the work assignment. The staff should inform the employer and the inmate of the rules and expectations for program participants.

The program staff shall provide each employer with the facility’s contact information, including the contact person and telephone number, and instruct the employer to notify the contact person

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immediately if an inmate does not report to work, leaves prior to the scheduled departure time, or if any concerns arise during the work shift. The facility should provide a contact person who is available 24 hours a day, seven days a week, as some inmates will work evening or overnight shifts.

1013.3.3 HOUSING

Inmates participating in the Work Release Program should be housed in an area other than general population housing to reduce the possibility of contraband entering the facility. Inmates in the program may either return to separate housing within the facility's secure perimeter or may be housed in a residential facility outside the secure perimeter. Factors to consider when determining appropriate housing for program participants include the following:

- Rated bed capacity of the facility
- Current occupancy
- Housing options and security capabilities outside the secure perimeter of the facility
- Number of inmates approved to participate in the program

1013.3.4 DAILY WORK ITINERARIES

Inmates must have an approved daily work itinerary prior to leaving the facility. The itinerary should include the following:

- Scheduled start and stop times for work
- Anticipated amount of travel time between the facility and the employer each way
- Mode of transportation each way (e.g., bus, car, walk)
- Location of the workplace
- Contact name, address, and telephone number of the employer
- Contact name, telephone number, and driver's information of the transport person if the inmate does not have a valid license
- Contact name and telephone number of the on-duty program staff member

Any change to the itinerary (e.g., overtime, location of the work place, transportation) must be approved in advance by the Chief Jail Administrator or the authorized designee.

1013.3.5 FINANCIAL MANAGEMENT

All inmates who participate in the Work Release Program shall ensure that the appropriate funds are deposited into their inmate account. Funds from the inmate account will be subtracted for room and board, program drug testing, booking fees, and other appropriate expenses. Fines to the court, victim restitution, allowances to help pay family financial obligations, and funds for a savings account may also be taken from the account with the permission of the inmate, court order, or state law (RCW 72.11.020; RCW 72.65.020; RCW 72.65.050).

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1013.3.6 EMPLOYER VERIFICATION
The Work Release Program staff shall make scheduled telephone calls and random site visits to the inmate’s employer to ensure compliance with the rules of the program.

1013.3.7 PROGRAM CONFLICTS
The Work Release Program staff shall make every attempt to ensure the inmate’s work schedule does not conflict with his/her required participation in treatment programs at the facility.

1013.3.8 DRUG TESTING
Random and scheduled drug testing shall be conducted on all inmates participating in the Work Release Program. Any positive results may cause the inmate’s disqualification from the program, as well as disciplinary sanctions or criminal charges, if warranted.

1013.4 RECORDS

The following records shall be maintained by the Chief Jail Administrator or the authorized designee on all inmates participating in the Work Release Program and retained in accordance with the office established records retention schedule (WAC 44-14-03005):

(a) All payments and accounting associated with the Work Release Program

(b) All contacts between the staff and employers prior to releasing inmates to work and confirming all employment information

(c) All daily logs of time worked and payments received

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Inmate Work Program

1014.1 PURPOSE AND SCOPE

The purpose of this policy is to establish the guidelines and requirements for the Inmate Work Program. The Inmate Work Program allows inmates to improve and/or develop useful job skills, work habits and experiences that will facilitate a successful return to the community.

1014.2 POLICY

The Island County Sheriff's Office may.operate an Inmate Work Program within the secure perimeter of the facility. Inmate Work Programs shall operate in accordance with all applicable federal, state or local work safety laws, rules and regulations, and to the extent that the operation of inmate work programs do not pose a risk to the safety of the staff, other inmates or the public. This policy establishes the requirements, selection process, supervision and training of inmates prior to and after entering the facility's Inmate Work Program.

1014.3 LEGAL REQUIREMENTS

1014.3.1 SENTENCED INMATE WORK REQUIREMENTS

All sentenced inmates who are physically and mentally able shall work if they are not assigned to other programs. Inmates shall not be required to perform work which exceeds their physical limitations. Inmates may be excused from work in order to maintain their participation in an educational, vocational or drug abuse treatment program. The Office will abide by all laws, ordinances and regulations when using inmates to work in the facility.

1014.3.2 PRETRIAL AND UNSENTENCED INMATE WORK REQUIREMENTS

Pretrial and unsentenced inmates may volunteer to participate in the Inmate Work Program but shall not be required to participate in work beyond maintaining the immediate living area.

1014.4 INMATE WORKER SELECTION

The staff shall be responsible for the selection and assignment of inmates to the various work assignments. The staff should solicit input from other custody staff whom have had interaction with the inmate candidates in assisting with inmate selection and assignment. Staff shall take into consideration the following eligibility criteria:

(a) Inmates who have posed a threat in the past or have been charged with escape should be carefully screened for inmate work projects.

(b) The inmate's charges and classification are such that the inmate will not pose a security risk to other inmates, staff or the public.

(c) The inmate's capacity to perform physical tasks will match the job requirements.

(d) The inmate is able to learn the necessary work routines.

(e) The special interests, abilities, craft or trade of the inmate will benefit the work assignment.

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Inmates must be able to pass a health-screening test in accordance with the policies contained in this manual, and must meet all statutory and regulatory requirements. Health-screening shall be done for inmates who work in the kitchen, around food products or who serve meals to the inmate population.

1014.5 WORK ON PUBLIC PROJECTS

Sentenced inmates may be assigned to public works projects with state, municipal and local government agencies, or to community service projects, with the approval of the Sheriff and in accordance with all applicable laws and regulations.

1014.6 PROHIBITION OF NON-PUBLIC WORK PROJECTS

Work projects on behalf of any private individual or to an individual's private property are strictly prohibited and may constitute a violation of the law.

1014.7 SUPERVISION OF INMATE WORKERS

Facility staff in charge of work programs or who provide supervision of inmates assigned to work crews should adhere to the following:

(a) Inmate workers should be provided with safety equipment, clothing and footwear commensurate with the work performed. Safety equipment may include, but is not limited to, eye protection, gloves, hardhat or headwear and sunscreen for protection from sun exposure.

(b) Work periods shall not exceed 10 hours per day.

(c) Inmate workers should be provided with work breaks to allow them to take care of personal needs.

(d) Inmate workers shall have access to nutritious meals and a reasonable amount of time to consume those meals during their work period.

(e) Inmates who work shifts during the early morning or late-night hours should be provided with a quiet space to allow for sleep during daytime hours.

(f) The inmate workday approximates the workday in the community.

(g) Inmate performance is regularly evaluated and recorded.

(h) Inmates receive written recognition of the competencies they acquire.

Inmate workers shall be under the direct supervision of the facility staff or specifically trained county employees at all times when they are on assignment through the Inmate Work Program.

Persons who are responsible for the monitoring of inmates on work crews should receive training in basic areas of safety, security and reporting procedures.

Disciplinary action for inmate worker misconduct shall adhere to the Inmate Discipline Policy.

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1014.8 INMATE WORKER TRAINING

Inmates who are assigned to work in any area that may require the handling of any chemicals or the use of any equipment shall receive training from the respective Office supervisor prior to using the chemicals or equipment. Work-crew supervisors shall also train inmate workers on safety practices. Inmates should never be assigned to handle dangerous chemicals or equipment that normally require a level of expertise and competency beyond their demonstrated ability.

1014.9 INMATE WORKER INCENTIVES

The Chief Jail Administrator is responsible for establishing a recognition program for inmates assigned to the Inmate Work Program. Recognition of inmates can be observed in the following ways:

(a) Granting Good Performance Time for work as allowed by state or local law.

(b) Granting special housing, extra privileges, recreation and special rewards, as allowed by law, regulation and policy. Inmate welfare funds may be used to offset the cost of a reward program.

(c) Awarding certificates of achievement for successful completion of vocational, educational and/or work programs.

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Religious Programs

1015.1 PURPOSE AND SCOPE

This policy provides guidance regarding the right of inmates to exercise their religion and for evaluating accommodation requests for faith-based religious practices of inmates.

1015.1.1 DEFINITIONS

Definitions related to this policy include:

Compelling government interest - A method for determining the constitutionality of a policy that restricts the practice of a fundamental right. In order for such a policy to be valid, there must be a compelling government interest, which is necessary or crucial to the mission of the Office, as opposed to something merely preferred, that can be furthered only by the policy under review.

Least restrictive means - A standard imposed by the courts when considering the validity of policies that touch upon constitutional interests. If the Office adopts a policy that restricts a fundamental religious liberty, it must employ the least restrictive measures possible to achieve its goal.

Religious exercise - Any exercise of religion, whether or not it is compelled by, or central to, a system of religious belief. The key is not what a faith requires but whether the practice is included in the inmate's sincerely held religious beliefs.

Substantial burden - For the purposes of this policy, substantial burden means either of the following:

- A restriction or requirement imposed by the Office that places an inmate in a position of having to choose between following the precepts of his/her religion and forfeiting benefits otherwise generally available to other inmates, or having to abandon one of the precepts of his/her religion in order to receive a benefit.
- The Office puts considerable pressure on an inmate to substantially modify his/her behavior in violation of his/her beliefs.

1015.2 POLICY

This office permits inmates to engage in the lawful practices and observances of their sincerely held religious beliefs consistent with the legitimate penological objectives of the facility. Facility staff will not allow their personal religious beliefs to influence them in the daily management of the inmate population, particularly as it relates to religious practices. This office shall not show favoritism or preference to any religion and will not discriminate or retaliate against any inmate for participating or not participating in any religion or religious practice. Inmates are not required to participate in religious programs or activities.

1015.3 CHAPLAIN

The Sheriff may appoint an individual to serve as the chaplain to coordinate religious activities in the facility.

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The chaplain shall be responsible for assisting the Chief Jail Administrator with planning, directing and supervising all aspects of the religious program. The chaplain may be responsible for duties including, but not be limited to:

(a) Coordination of religious services.

(b) Maintaining a list of accepted religious practices that have been approved by the Chief Jail Administrator and ensure the current list is available to the staff.

(c) Reviewing requests for religious accommodations.

(d) Approval and coordination of training lay clergy and religious volunteers.

(e) Providing or arranging for grief counseling for inmates.

(f) Distribution of a variety of religious texts.

(g) Developing and maintaining liaison with a variety of religious faiths in the community.

(h) Making reasonable efforts to enlist religious leaders from outside the community as necessary.

(i) Seeking donations for religious programs from the community, when appropriate.

(j) Working with inmate families when requested.

(k) Providing guidance to the Sheriff and Chief Jail Administrator on issues related to religious observance.

1015.4 RELIGIOUS BELIEFS AND ACCOMMODATION REQUESTS

Inmates are not required to identify or express a religious belief. An inmate may designate any belief, or no belief, during the intake process and may change a designation at any time by declaring their religious belief in writing to the chaplain. Inmates seeking to engage in religious practices shall submit a request through the established process. Requests to engage in practices that are on the facility's list of accepted practices should be granted. Requests to engage in religious practices that are not on the approved list shall be processed as provided in this policy.

All requests for accommodation of religious practices shall be treated equally, regardless of the religion that is involved. Equal and consistent treatment of all religions and religious beliefs shall not always require that all inmates of the same religion receive the same accommodations. Requests for accommodation of religious practices shall be submitted to a supervisor. In determining whether to grant or deny a request for accommodation of a religious practice, the supervisor will work with the chaplain to determine the sincerity of the religious claim of an inmate. Requests should be denied only if the denial or reason for denial would further a compelling interest of the facility and is the least restrictive means of furthering that compelling interest.

A supervisor who does not grant the accommodation, either in part or in full, should promptly forward the request to the Chief Jail Administrator, who, after consultation with legal counsel as appropriate, should make a determination regarding the request within 10 days following the inmate's request.

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A Chief Jail Administrator who does not grant an accommodation, either in part or in full, should forward the request to the Sheriff with the basis for the denial within 14 days of the inmate's original request being made. The Sheriff or the authorized designee will review the denial and respond to the requesting inmate as soon as reasonably practicable.

The Chief Jail Administrator and the Sheriff shall be informed of all approved accommodations. The chaplain should make any necessary notifications to staff as necessary to meet an approved accommodation.

All inmate requests for religious accommodations and related determinations shall be fully documented in the inmate's record.

1015.4.1 SUSPENSION OR REVOCATION OF ACCOMMODATIONS
In an emergency or extended disruption of normal facility operations, the Chief Jail Administrator may suspend any religious accommodation. The Chief Jail Administrator may also revoke or modify an approved religious accommodation if the accommodated inmate violates the terms or conditions under which the accommodation was granted.

1015.4.2 APPEALS OF SUSPENSION OR REVOCATION OFACCOMMODATIONS
Inmates may appeal the Chief Jail Administrator's denial, suspension or revocation of an accommodation through the inmate appeal process.

1015.5 DIETS AND MEAL SERVICE

The Chief Jail Administrator should provide inmates requesting a religious diet, including fasting and/or hour of dining, a reasonable and equitable opportunity to observe their religious dietary practice. This should be done within budgetary constraints and be consistent with the security and orderly management of the facility. The Jail Administrator, after receiving the recommendation from the Chaplain shall provide a list of inmates authorized to receive religious diets to the food services manager. The food services manager shall establish a process for managing religious meal accommodations.

1015.6 HAIRSTYLES AND GROOMING

Unless it is necessary for the health and sanitation of the facility, inmates who wear head and facial hair in the observance of their religion will generally not be required to shave or cut their hair. To the extent reasonably practicable, alternative housing may be considered to accommodate the need for religious hair and grooming, while meeting the health and sanitation needs of the facility.

Any inmate whose appearance is substantially altered due to changes in facial hair or hair length may be required to submit to additional identification photographs.

1015.7 RELIGIOUS TEXTS

Religious texts should be provided to the requesting inmate, if available and if the texts do not pose a threat to the safety, security and orderly management of the facility.

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1015.8 UNAUTHORIZED PRACTICES OR MATERIAL

The following list, which is not intended to be exhaustive, includes materials or practices that shall not be authorized:

(a) Animal sacrifice

(b) Language or behaviors that could reasonably be construed as presenting a threat to facility safety or security

(c) Self-mutilation

(d) Use, display or possession of weapons

(e) Self-defense or military training

(f) Disparagement of other religions

(g) Nudity or sexual acts

(h) Profanity

(i) Use of illegal substances or controlled substances without a prescription

1015.9 GROUP RELIGIOUS SERVICES

Group religious services may be allowed after due consideration of the inmate's classification or other concerns that may adversely affect the order, safety and security of the facility.

Alternatives to attendance of group religious services may include, but are not limited to:

- The provision of religious books and reading materials.
- Access to religious counselors.
- Recorded religious media (e.g., DVDs, CDs, video tapes).

1015.10 RELIGIOUS SYMBOLS AND IMPLEMENTS

Religious symbols and implements used in the exercise of religion should generally be allowed unless the symbol or implement poses a threat to the safety and security of the facility. Alternatives to the provision of religious symbols and implements may be considered when security, safety or efficient operations may be jeopardized (e.g., substitution of a towel in lieu of a prayer rug).

1015.11 RELIGIOUS GARMENTS AND CLOTHING

Inmates who practice a religion that requires particular modes of dress, garments, headgear, etc., other than standard-issue clothing, should generally be accommodated subject to the need to identify inmates and maintain security.

Head coverings shall be searched before being worn in the housing areas of the facility and shall be subject to random searches for contraband. Personal head coverings should be exchanged in favor of office-supplied head coverings when available and appropriate.

Inmates wearing headscarves or other approved coverings shall not be required to remove them while in the presence of or while visible to the opposite sex, if they so desire. Religious garments

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that substantially cover the inmate's head and face shall be temporarily removed during the taking of booking and identification photographs.

To the extent reasonably practicable, alternative housing may be considered to accommodate an inmate's need for religious attire, while meeting the security needs of the facility.

1015.12 FAITH- AND MORALS-BASED COUNSELING

The Chief Jail Administrator shall be responsible for establishing a plan for inmates to receive faith- and morals-based counseling from the chaplain or religious volunteers. Inmates should be reasonably accommodated, including reasonable access to clergy members and spiritual advisers, volunteer religious organizations, faith- and morals-based programs and other secular volunteer programs.

No inmate shall be required to participate in any such program.

1015.13 SPACE AND EQUIPMENT FOR RELIGIOUS OBSERVANCES

The Chief Jail Administrator shall ensure that there is adequate work space, equipment and furnishings for the chaplain to serve the inmate population, including providing access to areas of the facility. Space for group worship will be dictated by the availability of secure areas and the classification status of the inmates to be served. All recognized religious groups should have equal access to the space, equipment and services which the facility normally provides for religious purposes.

1015.14 COMMUNITY RESOURCES

A chaplain may minister his/her particular faith and any other similar faiths to inmates but should also establish contacts with clergy of other faiths, who can provide services to inmates of other religious denominations.

Whenever a chaplain is unable to represent or provide faith-based services to an inmate, a religious leader or other volunteer from the community should be sought to help provide services. Individuals providing faith-based services must possess the appropriate credentials from the recognized leadership of the particular faith. All faith-based services provided through community resources should be supervised by the chaplain. All efforts to contact faith-based representatives should be documented and retained in accordance with established records retention schedules.

Volunteers are another valuable resource that could be utilized extensively in the delivery of the religious program (see the Volunteer Program Policy). A volunteer could ensure that religious personnel who provide programming in the facility possess the required credentials and have the security clearance to enter the facility.

The chaplain, in cooperation with the Chief Jail Administrator or the authorized designee, shall develop and maintain communication with faith communities. The Jail Administrator shall review offers to donate equipment or materials for use in the religious program and shall approve these offers when appropriate. All communication efforts should be documented and retained in accordance with established records retention schedules.

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1015.15 TRAINING

The Office shall provide training to facility staff on the requirements of this policy.

The Office shall also provide training in safety and security to the chaplains. The staff shall approve and train lay and clergy volunteers from the faiths represented in the inmate population. This includes the preparation of a training curriculum, as well as the development and maintenance of training records.

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Electronic Monitoring/Home Detention

1016.1 PURPOSE AND SCOPE

To provide guidelines for the use and management of electronic home detention as an alternative to post-conviction jail.

1016.2 POLICY

The Island County Corrections Facility will provide appropriate electronic home detention (EHM) and affordability only to those offenders sentenced by the Island County courts to a term of EHM. Any Inmate sentenced to the Island County Corrections Facility for a term of EHM will be treated in accordance with all applicable state statues related to EHM.

1016.3 DEFINITIONS

Electronic Home Detention: A program of partial confinement available to offenders wherein the offender is confined in a private residence subject electronic surveillance. See RCW 9.94A.030 definition of "Home Detention"; and State V. Swiger, 159 WN.2d 224, 149 P.3d 372 (2006). Home Detention restricts the freedom of offenders by requiring them to remain at home during specified timeframes, such as at all times, except when in school, working or a court ordered treatment. Home detention includes the electronic home monitoring required under RCW 46.61.5055, except any post-conviction monitoring under 46.61.5055 where the monitoring does not accompany home detention in lieu of jail

Electronic Home Detention Deputy: An Island County Correctional Facility Deputy will be assigned to manage the Electronic Home Detention program. The EHDD reports to the Support Services Lieutenant.

Electronic Monitoring Devices: There is only one type of monitor we use.

- GPS: The offender's location is tracked through GPS - equipped electronic monitoring device to determine whether an offender is at home (or other locations) as stipulated by his or her EHD program and court ordered conditions.

All equipment is provided by the Washington State Sheriff and Police Chief Association (WASPC) from their Correctional Options Services (COS) Division. We order all required equipment from them including tools, extra clips, straps, batteries, and other needed items. Any units that are not functioning properly or become damaged will be returned to WASPC. Island County Correctional Facility is responsible for any cost to fix or replace damaged or lost units.

The GPS is waterproof, and a person can bathe and or shower with it on.

1016.4 ELECTRONIC HOME DETENTION AS A PRIVILEGE

Participating in the Island County Correctional Facility's EHD program is discretionary with the EHDD; the Defendant shall have no right to participate in the program, even after a date for participation is established, promised by an attorney, or authorized by a judge.

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1016.5 PLACEMENT ASSESSMENT PROCESS

The EHDD will not assign an offender to EHD unless the sentencing court authorizes the offender to apply for EHD and the offender meets EHM program acceptance criteria. The court's authorization will be included in the offender's Judgment and Sentence (J&S) document or other valid sentencing order. The court will be directing the offender to contact the EHDD and complete an application packet. The offender must make an appointment with the EHDD to be hooked up on EHD before his/her jail review/compliance hearing date with the court.

When a defendant is given the option of applying for EHD, the in-court clerk will forward a copy of the J&S or jail commitment to the EHDD.

The EHDD will conduct an assessment to determine the defendant's suitability to participate in the EHD program.

1016.6 DISQUALIFYING CRITERIA

Offenders may be disqualified from the EHD program for the following:

- Active warrant for any felony, DUI and or DV related offenses
- Local warrants/holds regardless of offense
- One or more new charges after being sentenced for the current matter being reviewed
- Criminal History of:
    - Felony level violent offenses
    - Felony sex offenses
    - Felony drug offenses
    - Reckless Burning in the 1st or 2nd degree
    - Assault in the 3rd degree
    - Assault of a child in the 3rd degree
    - Unlawful Imprisonment
    - Harassment
    - Protection Order Violations
    - Escape convictions
- Past failure to successfully complete a sentence under the Island County Correctional Facility EHD program
- Non compliance in a court-ordered treatment program
- An individual whose conviction is for a D/V related crime in generally not eligible for EHD unless the individual is not residing with and has no contact with the victim

If the EHDO determines that the defendant does not qualify for the EHD program, the officer will notify the court with the reason why they are disqualified.

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1016.7 EHD PARTICIPATION REQUIREMENTS

Participation requirements include, but are not limited to:

- A minimum of 5 days to serve
- Sign the EHD program agreement
- Agree to abide by all the rules and requirements of the EHD program
- Reside in Island County being either on Whidbey Island or Camano Island at an approved, stable address
- Ties to the area such as family, employment, long term relationships
- Ability to pay the EHD fees or qualify for indigent status
- No current use of illegal drugs or use of intoxicants or medications beyond what is prescribed by a medical doctor
- Have a telephone or cell phone
- Must have stable employment, be enrolled as a full or part time student, be in out patient treatment program, or be a parent who is needed in the household with no alternative childcare.

1016.8 FEES AND EXCEPTIONS

The Island County Correctional Facility will establish a schedule of EHD fees. The offender may be required to pay all fees associated with the EHM program. This could include a hook-up fee and cost of UA, if needed prior to being qualified for the EHD program or during their time on EHD. A daily fee for being on the EHD equipment will be based on the agency cost to rent the equipment for the offender's use, and other agency expenses to operate the program. The offender will be informed of the total cost prior to being placed on EHD. Those costs must be paid in full by the end of the EHD commitment time. The EHDD may adjust fees on a case by case basis if the offender is indigent or receiving public assistance.

1016.9 SUPERVISION RULES AND RESTRICTIONS

Offenders in the EHD program will conform to the following requirements while enrolled in the EHD program:

- Report to the EHDD weekly or as required
- Comply properly with the instructions for program devices
- Comply with detention schedules, including times the offender may leave home for work, treatment, and other authorized activities, and times the offender must remain at home
- Comply with inclusion and exclusion zones for offenders using location tracking devices
- Follow instructions from the EHDD
- Report to the EHDD's office within one hour if called

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- Provide random urine specimens with requested and at the expense of the offender
- Provide random breathalyzer samples when requested by any Police Officer
- Comply with terms and conditions specified in teh EHD Enrollment Agreement

1016.10 VIOLATIONS

The EHDD may terminate any offender from the EHD program for any violation of the terms and conditions specified in the EHD Enrollment Agreement.

The EHDD or his designee will notify an offender by phone of any apparent violations of program conditions and will require the offender to report to the EHD office within a reasonable time bu no later than the next business day.

The EHDD or his designee will determine if a violation has occurred during this meeting. If no violation has occurred, the offender will return to his or her normal schedule.

If this meeting reveals that a violation probably occurred, the EHDD or his designee will forward an EHM violation report to the Prosecuting Attorney's Office. The participant will be placed on the next available court calendar for review hearing with the judge.

If the offender is being monitored for another court or jurisdiction, the offender will be immediately removed from the program and the court of jurisdiction will be notified. All payments by the offender will be forfeited. The court of jurisdiction will be sent an EHM violation report with copies of any of the data reports needed from the companies daily report to the EHM officer.

1016.11 PROGRAM COMPLETION

Offenders successfully complete the EHD program when they have served their home detention sentence without violations and have paid all fees. Offender will return all EHD equipment to the EHDD within 24 hours of completion of term. An offender's failure to return equipment may result in criminal charges and or restitution. The EHDD will notify the court of jurisdiction of an offender's successful completion of the EHD program. This will be done by sending the completed J&S through interoffice mail and sending an email to th court clerks.

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Residential Substance Abuse Treatment - RSAT

1017.1 PURPOSE AND SCOPE

It is the policy of this office to make available treatment services for inmates with substance abuse problems, including the provision of services for post-release continuity of care and support in the community.

1017.1.1 PHILOSOPHY

The Office seeks to provide services in cooperation with a therapeutic community treatment program, which supports the mission of public safety and community reintegration through evidence-based assessment, treatment and aftercare services.

1017.2 POLICY

The Sheriff or his/her designee should designate a supervisory member of the facility to the Therapeutic Court and Health and Human Services community treatment program. The Jail Transition Officer, in cooperation with all custody personnel, the local alcohol and drug treatment centers, mental health authorities, schools, probation departments and courts, will identify and assist in monitor those inmates who have been placed into, or are eligible to be placed into, a therapeutic community treatment program.

Eligibility for participation will be based upon the following:

(a) Substance abuse use or history

(b) Positive drug screen on commitment

(c) Willingness to voluntarily commit to the program

(d) A mental health diagnosis, if deemed necessary, that indicates suitability for participation

(e) Substance Use Disorder Assessment

1017.2.1 REFERRAL TO THE RSAT PROGRAM

Inmates may be referred to the therapeutic community treatment program through the recommendation of the RSAT Program Manager, Custody Staff, Mental Health Staff or Medical Staff..

1017.2.2 SCREENING PROCESS

Initial screening with the applicant will include:

(a) A description of the program and its rules and procedures, such as assessments and alcohol and drug testing, and the responsibilities of the applicant.

(b) A review of the applicant's history, which may include a standardized diagnostic needs assessment administered to determine the extent of the inmate's substance abuse or dependency, and of his/her mental health needs.

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(c) Program objectives and goals as identified in an individualized treatment plan developed and implemented by a multidisciplinary clinical team that includes medical, mental health and substance abuse professionals.

(d) Other assessments as determined by the program director.

1017.3 PROGRAM OBJECTIVES

The expected results of this program are:

(a) To provide diagnosis and treatment plans, establish goals and objectives for the inmate, provide education and counseling, relapse prevention and discharge planning and transition services.

(b) To provide a structured program to identify physical, social, medical, mental health, community and spiritual needs.

(c) To provide linkage to community-based programs upon the inmate's return to the community.

1017.4 RESPONSIBILITIES OF THE DIRECTOR

The director of the program shall institute a procedure to assist in the treatment of inmates and will provide information related to the following:

(a) A diagnosis of the inmate and his/her problem areas

(b) Individual treatment and counseling plans with clearly defined treatment goals and objectives

(c) Substance abuse education plan

(d) Activities and education designed to prevent relapse after release

(e) Treatment objectives that are sensitive to the various cultures represented in the inmate population

(f) The utilization of selfhelp groups in support of treatment plans

(g) Services offered to inmates before their release and transitional services to support continued care after release

(h) Connections with community support and treatment services for continued care and sobriety after release

1017.5 PROGRAM PARTICIPATION

The therapeutic community treatment program is voluntary; participants must consent to program treatment services in advance of receiving the service. This program is focused on providing participants with the necessary knowledge, insight and skill for successful reentry into the community.

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1017.6 DRUG AND ALCOHOL TESTING

Program participants are expected to submit to random urinalysis. Failure to submit or a positive reading will result in termination from the program and possible disciplinary action.

1017.7 PROGRAM INCENTIVES

The director will develop program incentives designed to support and encourage success on the part of program participants. Incentives can include, but are not limited to:

(a) Certificates of completion for satisfactory completion of the program.

(b) Separate housing for program participants.

(c) Early release from custody, if authorized by the sentencing court.

(d) Hand held electronic games, radio with earphones, art supplies and or other similar incentive based items.

1017.8 SUSPENSION/TERMINATION FROM THE PROGRAM

Suspension/Termination from the program may occur for the following reasons:

(a) A participants failure to follow facility rules and expectations may result in custody staff suspending activities until reviewed by the Program Team and Director.

(b) A participant's failure to comply with the responsibilities of the program is grounds for dismissal by the director at any point during the course of the program.

(c) A participant may withdraw from the program by notifying any staff person verbally or in writing.

(d) A participant may be terminated for any major institutional disciplinary violation if it is determined that the inmate is no longer suitable for participation in the program as determined by the Program Team and Director.

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Chapter 11 - Facility Design

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Space and Environmental Requirements

1100.1 PURPOSE AND SCOPE

This policy describes the desired space and environmental requirements for the physical plant.

1100.2 POLICY

It is the policy of this office to comply with federal and state laws, codes and correctional standards in matters relating to the jail space and environmental requirements. Any designs for renovations, modifications, additions or new construction within the facility should be in compliance with federal and state laws, codes and jail standards.

Planned designs for renovations, modifications, additions or new construction within the facility should facilitate continuous personal contact and interaction between the correctional staff and inmates. This contact should be by direct physical observation of all cells, dayrooms and recreation areas. Electronic surveillance may be used to augment the observation of inmates but shall not be used as a substitute for personal contact and interaction.

All parts of the facility that are accessible to the public should be accessible to and usable by disabled persons.

1100.3 SPACE REQUIREMENTS

Except for emergency accommodations of a limited duration, all areas in the physical plant shall conform to building and design requirements contained in federal and state law, codes and minimum jail standards as required for their intended design and use. Areas that are repurposed for other than their original intended use shall likewise comply with all building design requirements for the new purpose.

1100.4 ALTERNATE APPROVED CAPACITY

If needed, the Chief Jail Administrator may base the approved capacity on an alternate method of calculation as provided in the jail standards. This alternate method allows capacity to be based on overall living space available to inmates, adjusted for the time inmates actually have access to any specific areas. If this method is selected, the Chief Jail Administrator, together with county officials, should develop a plan to bring the facility into agreement with the space-related standards within a five-year period.

1100.5 DETENTION HARDWARE

All locks, detention hardware, fixtures, furnishings and equipment shall have the proper security value for the areas in which they are used. The use of padlocks in place of security locks on cell or inmate housing unit doors is generally prohibited, as unauthorized locking mechanisms may pose a significant threat to the safety and security of the facility in the event of an emergency.

1100.6 ENVIRONMENTAL REQUIREMENTS

All occupied areas of the physical plant shall conform to the building and design requirements contained in federal and state law, codes and jail standards with respect to light, air and noise level.

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1100.6.1 LIGHTING LEVELS

Lighting throughout the facility shall be sufficient for staff and inmates to perform necessary tasks. Night lighting levels should permit adequate illumination for supervision but should not unnecessarily interfere with the ability of inmates to sleep.

1100.6.2 NATURAL LIGHT

All inmate shall have access to natural light, unless prohibited by security concerns.

1100.6.3 NOISE LEVEL

Noise levels at night should be sufficiently low to allow inmates to sleep. Nothing in this policy is intended to limit or impair in any way staff's ability to monitor the jail in a manner that is consistent with safety and security and good correctional practices. Noise measurements in reported noisy housing unit shall be documented by a qualified independent source then a report provided to the Chief Jail Administrator.

1100.6.4 VENTILATION

The ventilation system shall be sized and calibrated to supply fresh or circulated air in accordance with federal and state laws, codes and jail standards. Toilet rooms and cells with toilets shall be calibrated to have no less than four exchanges of air per hour, unless local codes require a different number of air exchanges.

Other than an emergency situation, inmates or correctional facility staff shall not adjust or restrict the ventilation systems without the express permission of the supervisor. Any adjustments made to the ventilation system shall only be allowed for the duration of the emergency or until qualified maintenance personnel can adjust or repair the ventilation system.

Air quantities shall be inspected annually by a qualified independent source, and a report provided to the Chief Jail Administrator.

1100.6.5 TEMPERATURE LEVELS

Temperature and humidity levels shall be mechanically maintained at a level established by facility maintenance personnel and deemed comfortable and cost efficient.

Temperature readings shall be staff who shall immediately contact facility maintenance in the event that temperatures or humidity levels become uncomfortable.

1100.6.6 CELL FURNISHINGS

Each inmate housed in this facility shall be provided with the following items:

- A sleeping surface and mattress at least 12 inches off the floor
- A writing surface and seat
- An area for the storage of clothing and personal belongings

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1100.7 DAYROOMS

Dayrooms shall be equipped with at least one shower for every 15 inmates or fraction thereof, and tables and sufficient seating for all inmates at capacity. Where inmates do not have continuous access to their cells, dayrooms shall also equipped with one toilet, an immediate source of fresh potable water and lavatory with hot and cold water for every 12 inmates or fraction thereof.

1100.8 JANITOR CLOSETS

Janitor closets shall be located near or inside each housing unit. Each janitor closet should contain a sink and the necessary cleaning implements. Access to the janitor closets shall be controlled and supervised by the staff. Only inmates with a minimum security classification status shall be allowed access to the janitor closets, and then only under the supervision of staff.

1100.9 EMERGENCY POWER

The facility shall be equipped with a sufficient emergency power source to operate communications, security and alarm systems in control centers, and emergency lighting in corridors, stairwells, all inmate housing areas, security control points and audio-visual monitoring systems.

1100.10 NEW CONSTRUCTION AND RENOVATION

In the case of partial renovation of an existing facility, it is intended that these standards should apply only to the part of the facility being renovated. The remainder of the facility would be subject to the existing standards.

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Smoking and Tobacco Use

1101.1 PURPOSE AND SCOPE

This policy establishes limitations on the use of tobacco products by employees and others while on-duty or while in Island County Sheriff's Office facilities or vehicles.

1101.2 POLICY

The Island County Sheriff's Office recognizes that tobacco use is a health risk and can be offensive to other employees and to the public. It is the policy of the Island County Sheriff's Office to prohibit the use of tobacco by employees while on-duty or at any time the employee is acting in an official capacity for the Office.

1101.3 EMPLOYEE USE

Tobacco use by employees is prohibited any time employees are in public view representing the Office.

Smoking and the use of other tobacco products is not permitted inside any county facility, office or vehicle.

It shall be the responsibility of each employee to ensure that no person under his/her supervision smokes or uses any tobacco product inside county facilities and vehicles.

1101.4 ADDITIONAL PROHIBITIONS

No person may smoke in a public place or in any place of employment (RCW 70.160.030).

No person shall smoke tobacco products within 25 feet of a main entrance, exit or operable window of any public building, including any office facility (RCW 70.160.075).

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Control Center

1102.1 PURPOSE AND SCOPE

The purpose of this policy is to establish a 24-hour secure control center for monitoring and coordinating the facility's security, life safety and communications systems, including aspects of staffing, training and communications and monitoring capabilities.

1102.2 POLICY

It is the policy of this office to provide sufficient space for a 24-hour secure control center, which shall be staffed continuously for the purpose of monitoring and coordinating the facility's security, life safety and communications systems. It is the responsibility of the Chief Jail Administrator to ensure that current written orders for the Control Room are available and that a process is in place to verify that deputies assigned to those posts acknowledge in writing by signature and date that they have read and understand the orders. The Chief Jail Administrator or the authorized designee shall review post orders annually and update them as needed.

1102.3 COMMUNICATIONS AND MONITORING CAPABILITIES

Control Room shall have multiple means of direct communication capabilities with all staff control stations in inmate housing areas, including telephone, intercom and radio.

The Control Room staff shall be responsible for monitoring fire, smoke and life safety alarms and shall have the means to summon assistance in the event of an emergency.

Control Room shall be located in close proximity to the inmate living areas to enable staff to monitor and respond quickly to any emergency.

1102.4 POST ORDERS

Comprehensive post orders for every deputy position shall be developed. Copies of the orders should be maintained at each post. Clear procedures should be incorporated into post orders for all regular daily activities including, but not limited to, safety checks, head counts, meals, sick call, recreation, clothing exchange, mail distribution and response to emergencies, such as fires, natural disasters and criminal acts.

1102.5 TRAINING

The Corrections Lieutenants shall ensure that all staff members assigned to posts are properly trained to perform all duties and responsibilities described in the post orders. This is particularly true in fire, life safety and the emergency response procedures that have been implemented by the Chief Jail Administrator. This may include the use of self-contained breathing apparatus (SCBA) if such equipment is available and/or required by the local fire authority. All training should be documented in each employee's training file and retained in accordance with established records retention schedules (WAC 44-14-03005).

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Crowding

1103.1 PURPOSE AND SCOPE

One of the determining factors in maintaining a safe and secure jail is to limit the inmate population to the number of beds constructed in each inmate classification level.

Occasions may occur that will require the correctional facility to exceed its established bed capacity. This policy establishes the approved bed capacity of the facility, addresses temporary population excess and provides a plan for gathering statistics and projecting long-term space needs via a jail needs assessment.

1103.2 POLICY

It is the policy of the Island County Sheriff's Office to manage the inmate population to the extent reasonably possible to avoid exceeding the facility's approved bed capacity. The Sheriff is responsible for ensuring that the number of inmates does not exceed the approved bed capacity.

The facility has a sufficient number of housing units in an appropriate configuration so that inmates can be separated according to the facility's classification plan.

In the event of an emergency that causes the facility to be populated beyond the approved bed capacity, every reasonable effort should be made to reduce the inmate population to the approved bed capacity as soon as reasonably practicable. The Office will take affirmative action to address excess population, including the petition of the Governor for assistance, in accordance with RCW 9.94A.875. In the event that the inmate population remains over capacity or continues to increase, a law and justice council should be formed to examine any and all methods to ensure that the facility population is reduced and remains within the approved bed capacity.

1103.3 LAW AND JUSTICE COUNCIL

The county legislative authority is responsible for forming a law and justice council. When the number of inmates exceeds the approved bed capacity of the facility, the Sheriff should schedule a meeting with the council for the purpose of identifying potential solutions to reduce the population to, or below, the approved bed capacity (RCW 72.09.300).

A complete report describing facility population, conditions and mitigation recommendations should be provided to all members of the council, as well as being released to the public.

The council membership should include, but not limited to, the following:

(a) The Sheriff

(b) Representatives from municipal police departments within the county

(c) Representatives of the city legislative authorities within the county

(d) The county prosecutor and representatives of the municipal prosecutors within the county

(e) A representative of the county's superior, juvenile, district and municipal courts

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(f) The county jail administrator

(g) The county clerk

(h) The county risk manager

(i) The secretary of corrections

Officials designated may appoint representatives.

1103.4 FACILITY NEEDS ASSESSMENT

In the event that the correctional facility exceeds the occupancy rate consistently for one year, the Office should conduct a jail needs assessment. The assessment initiates a systematic process that is designed to identify a variety of operational issues and program needs, and may indicate when expansion or replacement of the facility is warranted.

1103.5 INMATE POPULATION REPORTS

The Chief Jail Administrator or the authorized designee is responsible for ensuring that detailed daily logs of the facility's inmate population are completed and maintained by the staff. These logs shall reflect the monthly average daily population of sentenced and non-sentenced inmates by categories of male, female and juvenile as of midnight of each day. The number of inmates occupying holding cells shall also be counted at midnight each day. An inmate population report summarizing this information shall be created daily and distributed to the Sheriff and the Chief Jail Administrator (RCW 10.98.130).

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Attachments

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Policy 217.2.2 Attachment 1.pdf

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Chief Deputy Jose Briones
Jail Administrator
503 North Main Street
Post Office Box 5000
Coupeville, WA. 98239-5000

Island County Correction Facility

Background Check

DATE:_____

I am an employee, contactor, subcontractor, consultant or visitor working with or for a company that has a contract with Island County, WA to perform work in or around the Island County Correction Facility (ICCF). As part of the ICCF need to maintain the safety and security of the facility the ICCF needs to thoroughly investigate my background and personal history to evaluate my qualifications to have access to the ICCF. I have authorized the ICCF to gather all available information regarding my background, employment, and personal history and other information which may be of a confidential or privileged nature.

I hereby agree to release you and those who supplied you with the information, your company or organization, and the County of Island, its employees, and the ICCF from any liability for any damage which may result from furnishing the requested information.

I understand my rights under Title 5, US Code, Section 552a, the Privacy Act of 1974, with regard to disclosure of records, and I waive those rights with the understanding that information furnished will be used by my employer and the ICCF in conjunction with access to the ICCF. I will make no attempt to gain access to the information provided by you to my employer or to the ICCF.

LAST NAME:_____FIRST NAME: _____MIDDLE:_____

ADDRESS: _____

PHONE #: _____DATE OF BIRTH: _____

SEX: _____RACE:_____DRIVER LICENSE #:_____

EMPLOYED AT:_____PHONE#:_____

REASON FOR ACCESS:_____

Organization:_____

Signature:_____

DO NOT WRITE BELOW THIS BLOCK IT IS FOR DEPARTMENT USE ONLY

Date Background Completed:_____ INT/#:_____

Lieutenant's Interview Date:_____ Time:_____

Lieutenant's Recommendation: Approve:___ Disapprove:____

LT Signature:_____ Date:_____

ONCE COMPLETED FILE IN THE BINDER WITH A COPY OF THE SUBJECT DRIVERS LICENSE

Inmate Daily Multi Purpose Log Policy 505.pdf

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ISLAND COUNTY JAIL **INMATE DAILY MULTI-PURPOSE LOG**

TYPE OF INITIAL PLACEMENT	STAFF AUTHORIZING PLACEMENT ON RESTRICTION	DATE/TIME OF PLACEMENT ON RESTRICTION
☐ Segregation Status ☐ Security Restrictions ☐ Lockdown ☐ Safety/Sobering Cell Watch ☐ Medical/Mental Health Watch	Name Title	Date Time

Inmate Name	Name Number	Housing Assignment
Purpose (Examples; Ad-Seg, Pre-Hearing, D-Seg, Behavior Issue, Medical/Mental Health Concern)		
Special Instructions/Restrictions-If any (Diet, Medical, Etc.)		

DATE	SHOWER	EXERCISE	PHONE	WATER	SHIFT SUPVSR	OBSERVATIONS, CONDUCT, PHYSICAL CONDITION, OTHER ACTIVITIES, ETC.	DEPUTY #	MEDICAL SIGNATURE	TIME

Reviewed by Supervisor	Date

PAGE ____/____

Inmate Daily Multi Purpose Log Continued Form Policy 505.pdf

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Continuation Form

ISLAND COUNTY JAIL **INMATE DAILY MULTI-PURPOSE LOG**

Inmate Name	Name Number	Housing Assignment
Purpose (Examples; Ad-Seg, Pre-Hearing, D-Seg, Behavior Issue, Medical/Mental Health Concern)		
Special Instructions/Restrictions-If any (Diet, Medical, Etc.)		

DATE	SHOWER	EXERCISE	PHONE	WATER	SHIFT SUPVSR	OBSERVATIONS, CONDUCT, PHYSICAL CONDITION, OTHER ACTIVITIES, ETC.	DEPUTY #	MEDICAL SIGNATURE	TIME

Reviewed by Supervisor	Date

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